

Case No.

*In re. Investigation of election irregularities affecting
Congressional District 9*

Exhibit

4.2.3.1.2

Description: Absentee ballot request forms and materials obtained from the Bladen County Board of Elections office. Ordering and clusters (separated by red sheets) reflect the organization of stacks as stored by the office staff.



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

BLADEN COUNTY BOARD OF ELECTIONS

PO BOX 512

ELIZABETHTOWN, NC 28337

Phone: (910) 862-6951 • Fax: (910) 862-7820 • elections@bladenco.org

October 05, 2018

TO: JUSTIN CALLIHAN LOCKAMY
425 S. ASHE STREET
BLADENBORO, NC 28320

RE: ABSENTEE BALLOT REQUEST
VOTER: JUSTIN CALLIHAN LOCKAMY

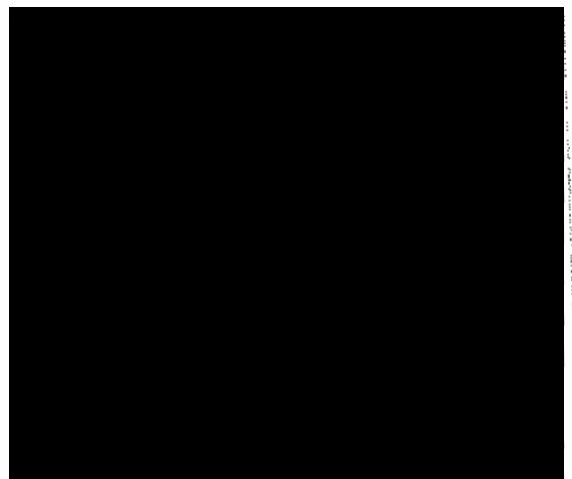
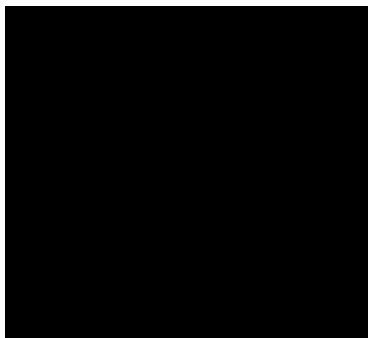
We received your request for an absentee ballot for the 11/06/2018 GENERAL ELECTION. We are unable to issue absentee voting materials to the voter named above at this time because of the following reason:

ID UPDATE INVALID

The NC driver license or state-issued identification number, or the last four digits of your social security number provided on your absentee ballot request form could not be verified or confirmed.

Under state law, you must provide your NC driver license or state-issued identification number, or a copy of one of the following: (1) A current and valid photo identification, or (2) A document that shows the current name and residential address of the voter (e.g. a current utility bill, bank statement, government check, paycheck, or other government document). Please complete and sign the enclosed *State Absentee Ballot Request Form* and return the form to our office no later than 5:00 p.m. on 10/30/2018 - the last Tuesday prior to Election Day.

If you have any questions, you may contact your county board of elections at (910) 862-6951.





State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

General Instructions

A person must be a registered voter in their North Carolina county of residence in order to request an absentee ballot. If not registered to vote in the proper county, a person must submit a voter registration application along with this form. Voter registration applications are available online at www.ncsbe.gov. The deadline to register to vote is 25 days prior to the date of the election.

Completing the Form

The voter's full name, residential address, date of birth and an identification number (see **Proof of Identification** below) must be provided on this form. This information will be used to confirm your voter registration. In addition, this form must be signed by the voter or the voter's near relative or qualified legal guardian.

Who may make a request for an absentee ballot

Either the voter or the voter's near relative or qualified legal guardian may request an absentee ballot. A "near relative" is defined as the voter's spouse, brother, sister, parent, grandparent, child, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, stepparent, or stepchild.

Who may not make a request for an absentee ballot

If a registered voter is a patient in any hospital, clinic, nursing home or rest home in this State, it is unlawful for any owner, manager, director, employee, or other person, other than the voter's near relative or verifiable legal guardian, to request an absentee ballot on behalf of the voter. The voter's county board of elections should be contacted if a voter in a hospital, clinic, nursing home or rest home in this State needs assistance requesting or voting an absentee ballot.

Updating Voter Information

This form may also serve as a voter change form; however, changes in voter registration may only be made by the voter.

Proof of Identification

If the voter's identification number (NC driver license number, NC DMV-issued identification card number, or last four digits of social security number) is not provided, then provide with this request a copy of a document that shows the name and residential address of the voter: a current utility bill, bank statement, government check, paycheck, or other government document.

Ballot Availability

Absentee balloting materials are mailed to voters once ballots for an election are available. For most elections, ballots will be available 50 days prior to the date of the election. Absentee ballots are available 60 days prior to the date of a statewide general election and 30 days prior to the date of a city or municipal election.

Submitting the form

Submit this form to the County Board of Elections no later than 5:00 p.m. on the Tuesday before the date of the election.

Address: Bladen County Board of Elections
Po Box 512
Elizabethtown, NC 28337

Email: elections@bladenco.org

Fax: (910) 862-7820

This form may be mailed, faxed, emailed, or delivered in person. Visit www.ncsbe.gov to check the status of your absentee request.

Request ID: 9 - 6794



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name LOCKAMY	First Name JUSTIN	Middle Name CALLIHAN	Suffix	Date of Birth
Home Address (NC Residential Address.) 425 S ASHE ST		Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence BLADEN	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: SSN X X X - X X -		Voter Registration No. 000000041261	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

BLADEN COUNTY BOARD OF ELECTIONS

PO BOX 512

ELIZABETHTOWN, NC 28337

Phone: (910) 862-6951 • Fax: (910) 862-7820 • elections@bladenco.org

October 05, 2018

TO: ANDRE MITCHELL
148 TODD BRITT CT
BLADENBORO, NC 28320

RE: ABSENTEE BALLOT REQUEST
VOTER: ANDRE MITCHELL

We received your request for an absentee ballot for the 11/06/2018 GENERAL ELECTION. We are unable to issue absentee voting materials to the voter named above at this time because of the following reason:

NO RECORD OF REGISTRATION

We have no record of registration for you in this county's voter registration database. Please complete and sign the enclosed *Voter Registration Application* and return this form to our office no later than 5:00 p.m. on 10/12/2018.

If you timely register to vote, then we can complete your request for an absentee ballot. You can return a new *State Absentee Ballot Request Form* along with your completed voter registration application. Note: Only the person seeking to vote absentee may sign his/her voter registration application. If you miss the voter registration deadline, we shall not be able to send you an absentee ballot by mail.

If you have any questions, you may contact your county board of elections at (910) 862-6951.

NORTH CAROLINA**VOTER REGISTRATION APPLICATION/UPDATE FORM****QUALIFICATIONS:**

- You must be a US citizen by birth or naturalization.
- You may register to vote only in the county in which you reside.
- You must be at least 18 years of age by the date of the next general election to vote.
- If convicted of a felony, you may register to vote only after you have completed your sentence, including probation or parole. Once you have done that, North Carolina automatically restores your citizenship rights including your right to vote. No special document is needed.

SPECIAL NOTICE:

The location where you received this form will remain confidential and will be used only for registration administration purposes. If you decline to register to vote, the fact that you so declined will remain confidential.

IF YOU DO NOT WISH TO REGISTER TO VOTE AT THIS TIME, INITIAL HERE AND CHECK THE BOX BELOW: _____

☐ I do not wish to register to vote at this time.

Are you a citizen of the United States of America? ☐ Yes ☐ No

**IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION,
DO NOT SUBMIT THIS FORM.**

Will you be at least 18 years of age on or before election day? ☐ Yes ☐ No

**IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION,
DO NOT SUBMIT THIS FORM.**

ANDRE MITCHELL

Name

Residential Address

City/State/Zip

County of Residence

Have you lived at this address for 30 days or more? ☐ Yes ☐ No

If "No," list the date that you moved? _____

MAILING ADDRESS

Mailing Address (if different from your residential address)

City/State/Zip

Use this section to make changes or
to correct any inaccurate information

Name

Residential Address

Mailing Address

Date of Birth

Party Affiliation

NC Driver License or Non-operators ID Number

Other

SEIMS VR Form
revised 09/2013

NEED REG FOR ABS REQUEST - [11/06/2018]
[9 - 6800]

NC Driver License or Non-operators ID #

Last 4 digits of SSN

Gender

Date of Birth

County of Birth

State of Birth

Race

Ethnicity

Party Affiliation

Phone (Optional)

Email (Optional)

PREVIOUS NAME AND/OR ADDRESS

Previous Name

Previous Address

Previous City/State/Zip

Previous County

WARNING!

If you sign this form and know it to be false, you can be convicted of a Class 1 felony.

I Attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that: (1) I am a United States citizen, as indicated above; (2) I am at least 18 years old, or will be at the time of the next general election; (3) I shall have been a resident of North Carolina, this county, precinct, or other election district for 30 days before the election in which I intend to vote; (4) I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and (5) I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole. (Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed).

X

Signature

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

General Instructions

A person must be a registered voter in their North Carolina county of residence in order to request an absentee ballot. If not registered to vote in the proper county, a person must submit a voter registration application along with this form. Voter registration applications are available online at www.ncsbe.gov. The deadline to register to vote is 25 days prior to the date of the election.

Completing the Form

The voter's full name, residential address, date of birth and an identification number (see **Proof of Identification** below) must be provided on this form. This information will be used to confirm your voter registration. In addition, this form must be signed by the voter or the voter's near relative or qualified legal guardian.

Who may make a request for an absentee ballot

Either the voter or the voter's near relative or qualified legal guardian may request an absentee ballot. A "near relative" is defined as the voter's spouse, brother, sister, parent, grandparent, child, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, stepparent, or stepchild.

Who may not make a request for an absentee ballot

If a registered voter is a patient in any hospital, clinic, nursing home or rest home in this State, it is unlawful for any owner, manager, director, employee, or other person, other than the voter's near relative or verifiable legal guardian, to request an absentee ballot on behalf of the voter. The voter's county board of elections should be contacted if a voter in a hospital, clinic, nursing home or rest home in this State needs assistance requesting or voting an absentee ballot.

Updating Voter Information

This form may also serve as a voter change form; however, changes in voter registration may only be made by the voter.

Proof of Identification

If the voter's identification number (NC driver license number, NC DMV-issued identification card number, or last four digits of social security number) is not provided, then provide with this request a copy of a document that shows the name and residential address of the voter: a current utility bill, bank statement, government check, paycheck, or other government document.

Ballot Availability

Absentee balloting materials are mailed to voters once ballots for an election are available. For most elections, ballots will be available 50 days prior to the date of the election. Absentee ballots are available 60 days prior to the date of a statewide general election and 30 days prior to the date of a city or municipal election.

Submitting the form

Submit this form to the County Board of Elections no later than 5:00 p.m. on the Tuesday before the date of the election.

Address: Bladen County Board of Elections
Po Box 512
Elizabethtown, NC 28337

Email: elections@bladenco.org

Fax: (910) 862-7820

This form may be mailed, faxed, emailed, or delivered in person. Visit www.ncsbe.gov to check the status of your absentee request.

Request ID: 9 - 6800



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MITCHELL		First Name ANDRE		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 148 TODD BRITT CT				Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320		City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____				County of Residence BLADEN		Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X -				Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address:

Signature of Voter (voter only)

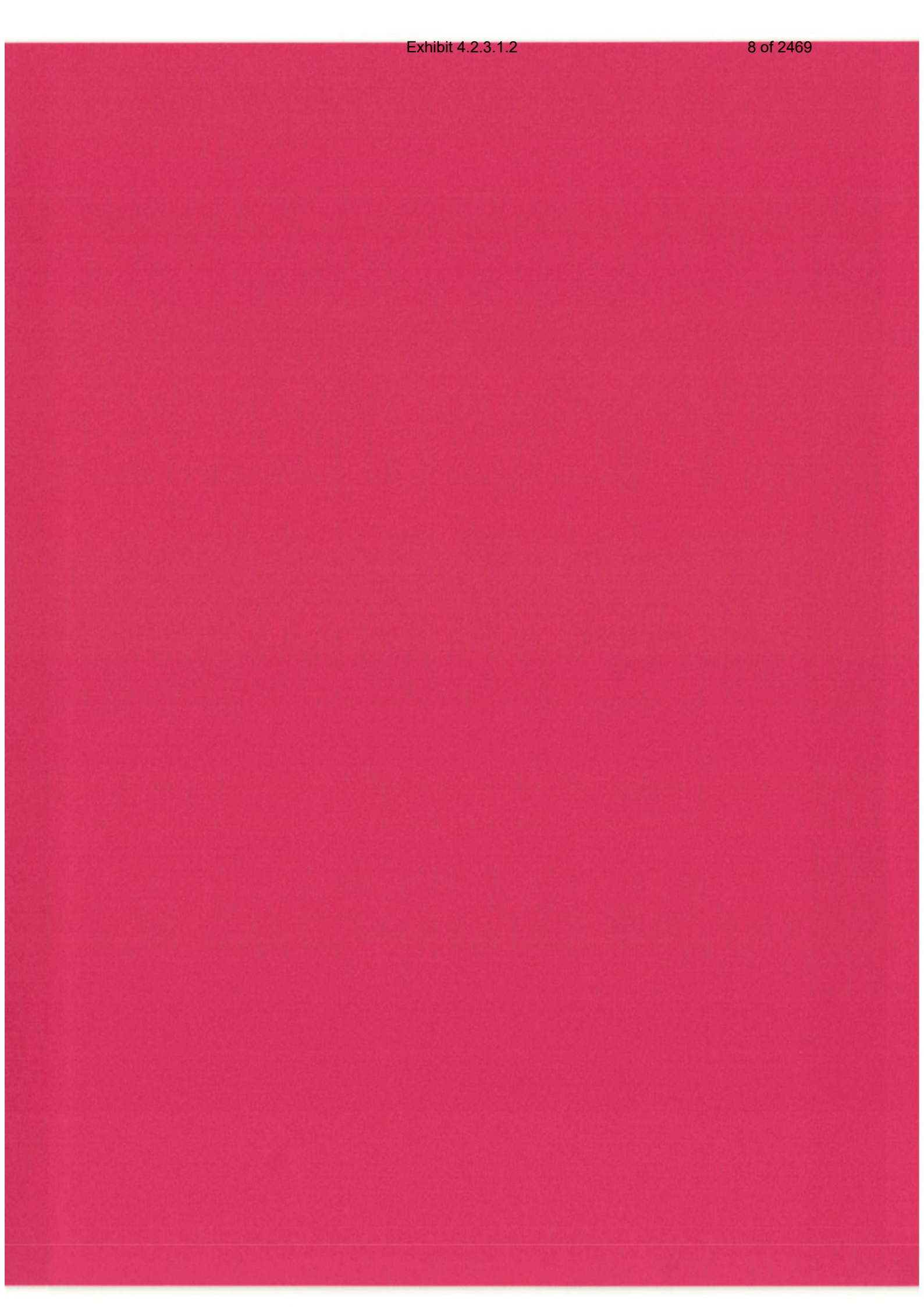
X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



BLADEN COUNTY BOARD OF ELECTIONS

PO BOX 512

ELIZABETHTOWN, NC 28337

Phone: (910) 862-6951 • Fax: (910) 862-7820 • elections@bladenco.org

October 01, 2018

TO: STEVEN LEE MOFFAT
PO BOX 721
ELIZABETHTOWN, NC 28337

*Corrected address
10/20/18 bllw*

RE: ABSENTEE BALLOT REQUEST
VOTER: STEVEN LEE MOFFAT

We received your request for an absentee ballot for the 11/06/2018 GENERAL ELECTION. We are unable to issue absentee voting materials to the voter named above at this time because of the following reason:

INVALID/INCOMPLETE REQUEST: DATE OF BIRTH MISSING

This deficiency or omission must be corrected.

Please complete and sign the enclosed *State Absentee Ballot Request Form* and return the form to our office no later than 5:00 p.m. on 10/30/2018 - the last Tuesday prior to Election Day.

If you have any questions, you may contact your county board of elections at (910) 862-6951.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

General Instructions

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Ballot Availability

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Submitting the form

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Address: Bladen County Board of Elections
Po Box 512
Elizabethtown, NC 28337

Email: elections@bladenco.org

Fax: (910) 862-7820

This form may be mailed, faxed, emailed, or delivered in person. Visit www.ncsbe.gov to check the status of your absentee request.

Request ID: 9 - 6530



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
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(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MOFFAT		First Name STEVEN		Middle Name LEE	Suffix	Date of Birth
Home Address (NC Residential Address.) 151 RIVERVIEW RD				Mailing Address (If different than home address.) PO BOX 721		
City ELIZABETHTOWN	State NC	Zip Code 28337	City ELIZABETHTOWN	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		Previous Name (if applicable)	
If "No," indicate the date of your move: / /						
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. 000000003337		Phone (optional) Email (optional)	
SSN X X X - X X - / /						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) X	Signature of Near Relative/Legal Guardian (if applicable) X
Date	Date



BLADEN COUNTY BOARD OF ELECTIONS

PO BOX 512

ELIZABETHTOWN, NC 28337

Phone: (910) 862-6951 • Fax: (910) 862-7820 • elections@bladenco.org

October 09, 2018

TO: SAQUAD DANDRAE JOHNSON
713 THOMPSON AVE
ELIZABETHTOWN, NC 28337

RE: NOTICE OF INCOMPLETE APPLICATION

Voter Name: SAQUAD DANDRAE JOHNSON

Residential Address: 713 THOMPSON AVE
ELIZABETHTOWN, NC 28337

Date of Birth: 02/26/1993

Party: UNAFFILIATED

Our office has received your voter registration application. There is a required element on your application that is either missing or suggests that you are not qualified to vote. This issue prevents the processing of your registration application. The specific issue concerning your application is noted below:

INCOMPLETE DATA: SS# DOES NOT MATCH

Your NC Department of Motor Vehicles voter registration application cannot be processed because either the form is illegible or the signed form was not received. In order for us to process your voter registration attempt, we must receive a signed voter registration application from you.

PLEASE CORRECT, SIGN, AND DATE

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

- 1) I am a U.S. Citizen.
- 2) I will have been a resident of BLADEN County, NC for 30 days before the next election.
- 3) I will be at least 18 years old by the next general election.
- 4) I am not registered nor will I vote in another county or state.
- 5) I have not been convicted of a felony or if I have been convicted of a felony, my rights of citizenship have been restored.

Signature

Date

NORTH CAROLINA VOTER REGISTRATION APPLICATION

Please use black ink and print legibly.

1 Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.	Will you be at least 18 years of age on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.								
2 Last Name (Required) Johnson First Name (Required) Saquan Middle Name (Required) Dand race <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	3 Date of Birth MMDDYYYY (Required) [REDACTED] State of Birth/Country of Birth [REDACTED] If you know your NC voter registration Number, enter it below. [REDACTED] If you have a NC drivers license or non-operators ID card, enter the number below. [REDACTED] <input type="checkbox"/> Check here if you do not have a NC drivers license, ID card, or a SSN.								
RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes									
4 Street Address where you live (Required) 713 Thompson ave City (Required) Elizabeth County Bladen Apartment, Lot, or Unit Number [REDACTED] State NC Zip Code 28337 Have you lived here for 30 days or more? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Be moved? MMDDYYYY OCT 03 2018 Phone (Optional) 843.487.8067									
MAILING ADDRESS									
5 Mailing Address (If you do not receive mail at your residential address) [REDACTED] Mailing Address Line 2 [REDACTED] City [REDACTED] State [REDACTED] Zip Code [REDACTED]									
6 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">GENDER</th> <th style="width: 25%;">RACE</th> <th style="width: 25%;">ETHNICITY</th> <th style="width: 35%;">POLITICAL PARTY AFFILIATION</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male </td> <td> <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multiracial <input checked="" type="checkbox"/> Other </td> <td> <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Not Hispanic/Latino </td> <td> <input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Unaffiliated <input type="checkbox"/> Other </td> </tr> </tbody> </table>		GENDER	RACE	ETHNICITY	POLITICAL PARTY AFFILIATION	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multiracial <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Unaffiliated <input type="checkbox"/> Other
GENDER	RACE	ETHNICITY	POLITICAL PARTY AFFILIATION						
<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multiracial <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Unaffiliated <input type="checkbox"/> Other						
PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)									
7 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Last Name used in Previous Registration</td> <td style="width: 50%;">First Name used in Previous Registration</td> </tr> <tr> <td>Previous Address</td> <td>Previous County</td> </tr> <tr> <td>Previous City</td> <td>Previous State</td> </tr> <tr> <td></td> <td>Previous Zip Code</td> </tr> </table>		Last Name used in Previous Registration	First Name used in Previous Registration	Previous Address	Previous County	Previous City	Previous State		Previous Zip Code
Last Name used in Previous Registration	First Name used in Previous Registration								
Previous Address	Previous County								
Previous City	Previous State								
	Previous Zip Code								

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:

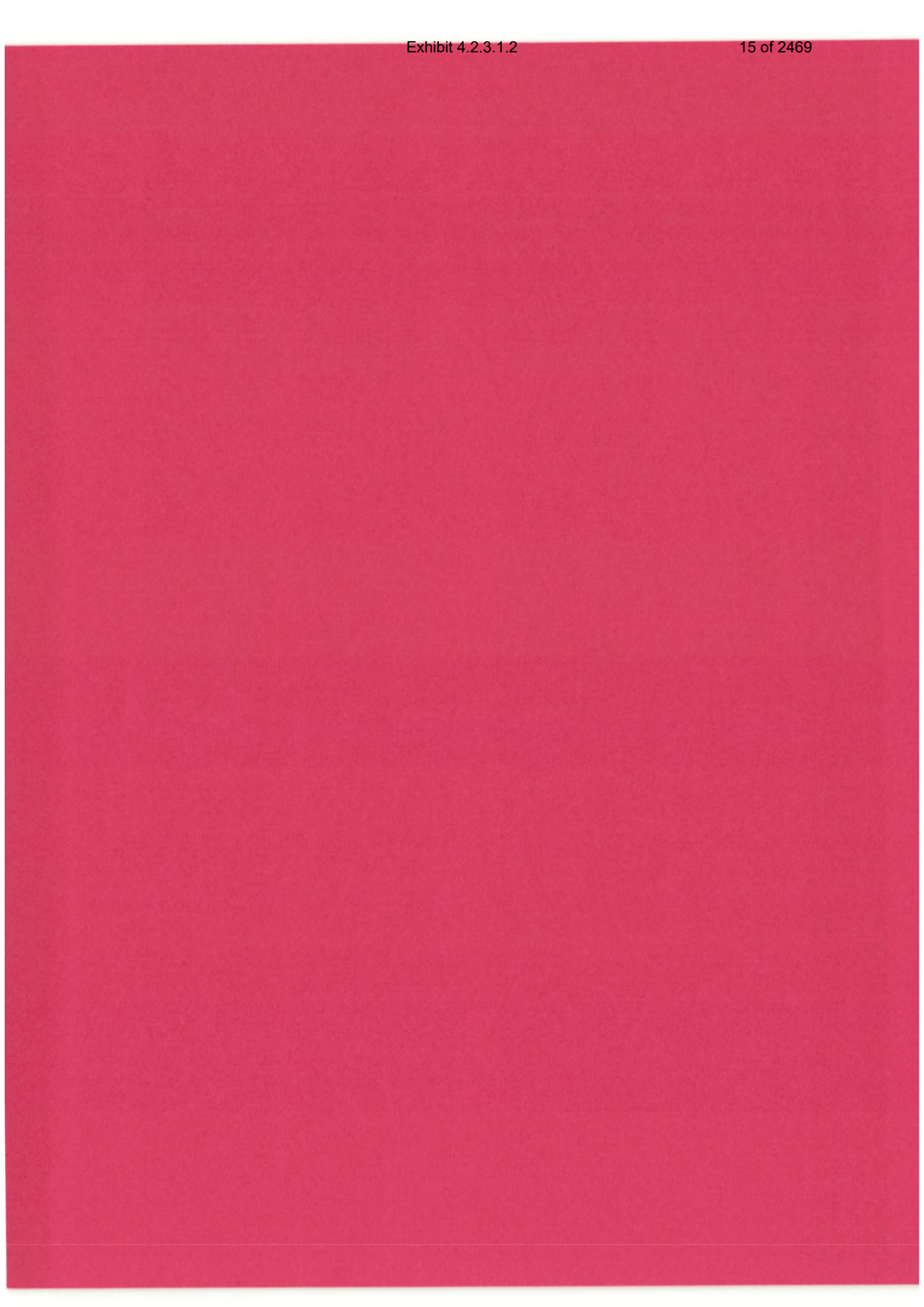
- I am a United States citizen, as indicated above;
 - I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
 - I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
 - I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
 - I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole.
- (Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed.)

Fraudulently or falsely completing this form is a Class 1 Felony under Chapter 163 of the NC General Statutes.

version 09/2016

OUR COUNTY BOARD OF ELECTIONS.

SPS
 9/27/18
 Date
 9/28/18



BLADEN COUNTY BOARD OF ELECTIONS

PO BOX 512

ELIZABETHTOWN, NC 28337

Phone: (910) 862-6951 • Fax: (910) 862-7820 • elections@bladenco.org

October 05, 2018

TO: JOHNNY L NEWKIRK
706 CHESTNUT ST
BLADENBORO, NC 28320

RE: ABSENTEE BALLOT REQUEST
VOTER: JOHNNY L NEWKIRK

We received your request for an absentee ballot for the 11/06/2018 GENERAL ELECTION. We are unable to issue absentee voting materials to the voter named above at this time because of the following reason:

NO RECORD OF REGISTRATION

We have no record of registration for you in this county's voter registration database. Please complete and sign the enclosed *Voter Registration Application* and return this form to our office no later than 5:00 p.m. on 10/12/2018.

If you timely register to vote, then we can complete your request for an absentee ballot. You can return a new *State Absentee Ballot Request Form* along with your completed voter registration application. Note: Only the person seeking to vote absentee may sign his/her voter registration application. If you miss the voter registration deadline, we shall not be able to send you an absentee ballot by mail.

If you have any questions, you may contact your county board of elections at (910) 862-6951.

NORTH CAROLINA VOTER REGISTRATION APPLICATION/UPDATE FORM

QUALIFICATIONS:

- You must be a US citizen by birth or naturalization.
- You may register to vote only in the county in which you reside.
- You must be at least 18 years of age by the date of the next general election to vote.
- If convicted of a felony, you may register to vote only after you have completed your sentence, including probation or parole. Once you have done that, North Carolina automatically restores your citizenship rights including your right to vote. No special document is needed.

SPECIAL NOTICE:

The location where you received this form will remain confidential and will be used only for registration administration purposes. If you decline to register to vote, the fact that you so declined will remain confidential.

IF YOU **DO NOT** WISH TO REGISTER TO VOTE AT THIS TIME, INITIAL HERE AND CHECK THE BOX BELOW:

☐ I do not wish to register to vote at this time.

Are you a citizen of the United States of America? ☐ Yes ☐ No

**IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION,
DO NOT SUBMIT THIS FORM.**

Will you be at least 18 years of age on or before election day? ☐ Yes ☐ No

**IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION,
DO NOT SUBMIT THIS FORM.**

JOHNNY L NEWKIRK

Name

Residential Address

City/State/Zip

County of Residence

Have you lived at this address for 30 days or more? ☐ Yes ☐ No

If "No," list the date that you moved? _____

MAILING ADDRESS

Mailing Address (if different from your residential address)

City/State/Zip

NC Driver License or Non-operators ID #

Last 4 digits of SSN

Gender

Date of Birth

County of Birth

State of Birth

Race

Ethnicity

Party Affiliation

Phone (Optional)

Email (Optional)

PREVIOUS NAME AND/OR ADDRESS

Previous Name

Previous Address

Previous City/State/Zip

Previous County

Use this section to make changes or
to correct any inaccurate information

Name

Residential Address

Mailing Address

Date of Birth

Party Affiliation

NC Driver License or Non-operators ID Number

Other

SEIMS VR Form
revised 09/2013

WARNING!

If you sign this form and know it to be false, you can be convicted of a Class I felony.

I Attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that: (1) I am a United States citizen, as indicated above; (2) I am at least 18 years old, or will be at the time of the next general election; (3) I shall have been a resident of North Carolina, this county, precinct, or other election district for 30 days before the election in which I intend to vote; (4) I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and (5) I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole. (Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed).

X

Signature

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

General Instructions

A person must be a registered voter in their North Carolina county of residence in order to request an absentee ballot. If not registered to vote in the proper county, a person must submit a voter registration application along with this form. Voter registration applications are available online at www.ncsbe.gov. The deadline to register to vote is 25 days prior to the date of the election.

Completing the Form

The voter's full name, residential address, date of birth and an identification number (see **Proof of Identification** below) must be provided on this form. This information will be used to confirm your voter registration. In addition, this form must be signed by the voter or the voter's near relative or qualified legal guardian.

Who may make a request for an absentee ballot

Either the voter or the voter's near relative or qualified legal guardian may request an absentee ballot. A "near relative" is defined as the voter's spouse, brother, sister, parent, grandparent, child, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, stepparent, or stepchild.

Who may not make a request for an absentee ballot

If a registered voter is a patient in any hospital, clinic, nursing home or rest home in this State, it is unlawful for any owner, manager, director, employee, or other person, other than the voter's near relative or verifiable legal guardian, to request an absentee ballot on behalf of the voter. The voter's county board of elections should be contacted if a voter in a hospital, clinic, nursing home or rest home in this State needs assistance requesting or voting an absentee ballot.

Updating Voter Information

This form may also serve as a voter change form; however, changes in voter registration may only be made by the voter.

Proof of Identification

If the voter's identification number (NC driver license number, NC DMV-issued identification card number, or last four digits of social security number) is not provided, then provide with this request a copy of a document that shows the name and residential address of the voter: a current utility bill, bank statement, government check, paycheck, or other government document.

Ballot Availability

Absentee balloting materials are mailed to voters once ballots for an election are available. For most elections, ballots will be available 50 days prior to the date of the election. Absentee ballots are available 60 days prior to the date of a statewide general election and 30 days prior to the date of a city or municipal election.

Submitting the form

Submit this form to the County Board of Elections no later than 5:00 p.m. on the Tuesday before the date of the election.

Address: Bladen County Board of Elections
Po Box 512
Elizabethtown, NC 28337

Email: elections@bladenco.org

Fax: (910) 862-7820

This form may be mailed, faxed, emailed, or delivered in person. Visit www.ncsbe.gov to check the status of your absentee request.

Request ID: 9 - 6954



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name NEWKIRK	First Name JOHNNY	Middle Name L	Suffix	Date of Birth
Home Address (NC Residential Address.) 706 CHESTNUT ST		Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence BLADEN	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X -		Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

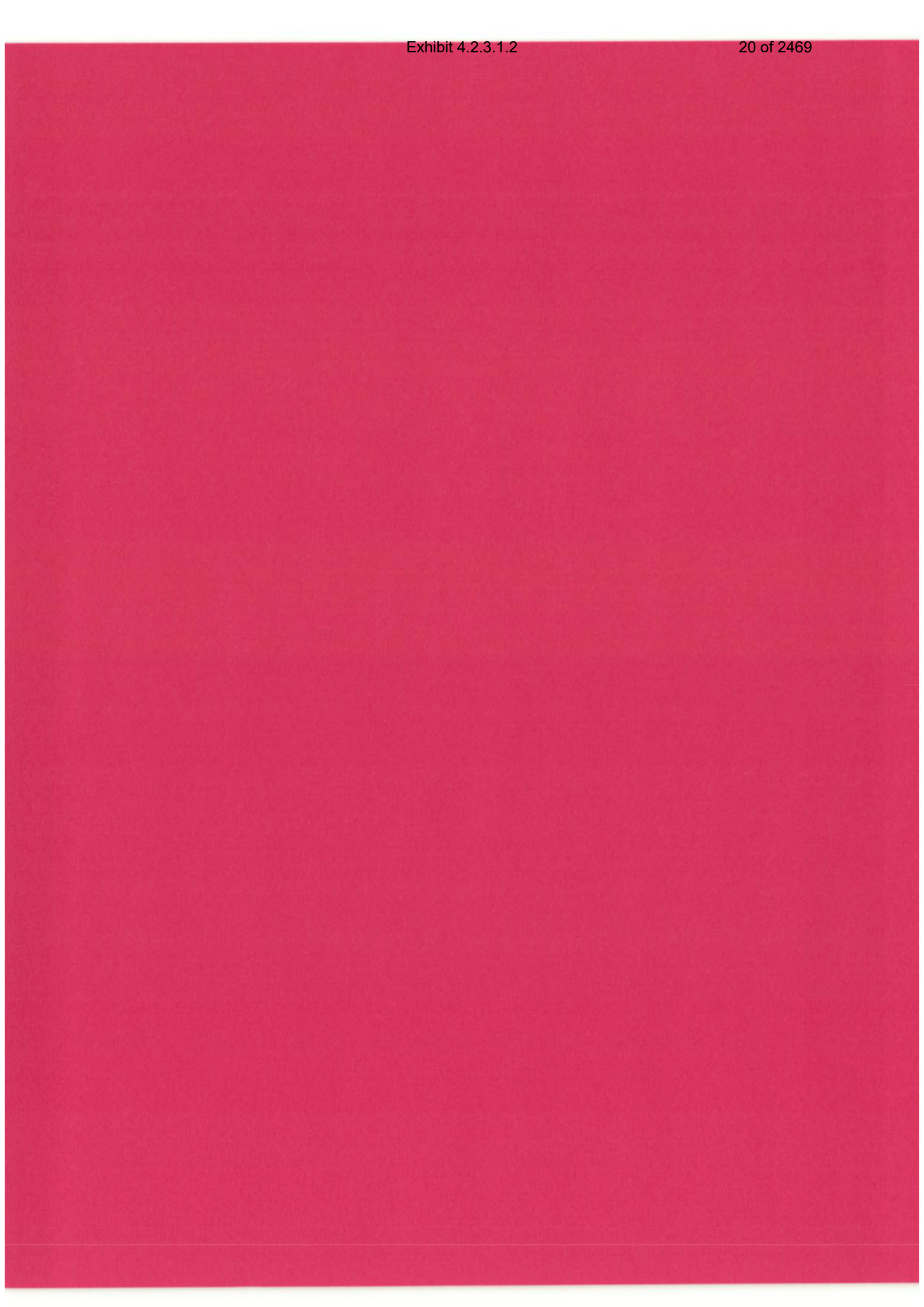
X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Scanned Batch Cover Sheet

2018-10-01 3:33PM

Scan Date	Batch Number	Source Code	Batch ID
2018-10-01 3:33PM	7	17	9641

Scan Date/Time: 2018-10-01 3:33PM

Batch Number: 7

Batch Size: 3

Source Code: 17

Batch ID: 9641

Operator: vpmckoy

*McCrae
Dowless*



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Todd</u>	First Name <u>Shana</u>	Middle Name <u>Charlotte</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address): <u>85 Old Abbottsburg Rd.</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1-1-1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]		SSN <u>X X X - X X - [REDACTED]</u>	Voter Registration No. [REDACTED]	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>85 Old Abbottsburg Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 01 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of

Signature of Near Relative/Legal Guardian (if applicable)

9/26/2018
Date

X

9/26/2018
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Todd</u>	First Name <u>Chandolyn</u>	Middle Name <u>Layne</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>85 Old Abbottsburg Road</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
SSN <u>XXX - XX - XXX</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>85 Old Abbottsburg Road</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 01 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address			

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

9/26/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Todd	First Name Regina	Middle Name Cagle	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 85 Old Abbottsburg Road		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]		Voter Registration No. 00000		
SSN X X X - X X - [REDACTED]		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 85 Old Abbottsburg Road		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name:	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City		State	Zip Code	Requestor's Phone
				Requestor's Email

RECEIVED

OCT 01 2018

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

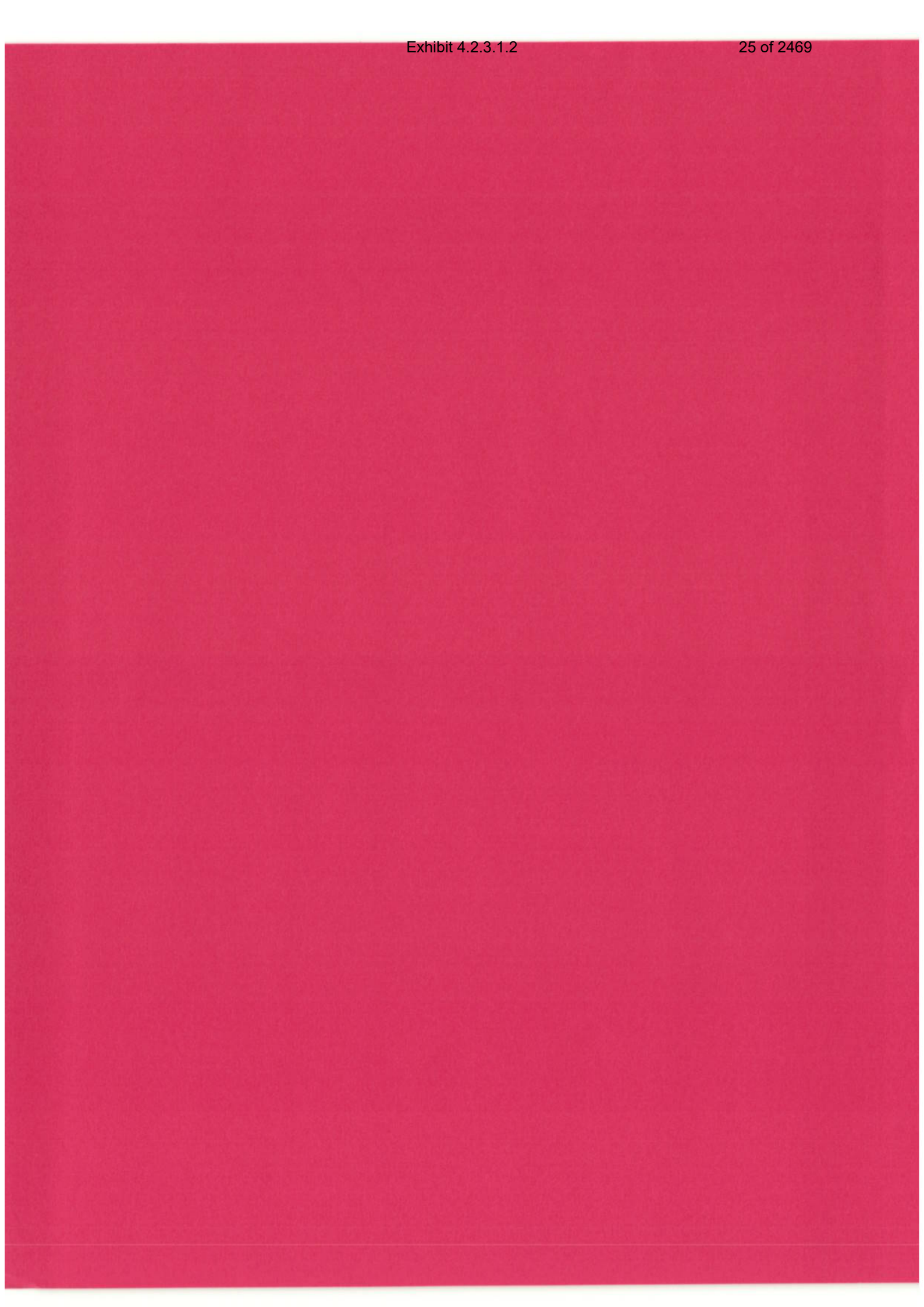
Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Scanned Batch Cover Sheet

2018-10-01 2:31PM

Scan Date	Batch Number	Source Code	Batch ID
2018-10-01 2:31PM	6	06	9640

Scan Date/Time: 2018-10-01 2:31PM

Batch Number: 6

Batch Size: 7

Source Code: 06

Batch ID: 9640

Operator: gward

Abs. Request - by mail
in person

10/1/18 GAW



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 01 2018

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladencol.org

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKellar</u>	First Name <u>Jason</u>	Middle Name <u>Evans</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1017 Allen Priest Rd</u>		Mailing Address (If different than home address.)		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]		Voter Registration No. <u>XXXX-XX</u>	Phone (optional) <u>910-645-6571</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1017 Allen Priest Rd</u>	City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name (Print) (Initial) (Last) (Suffix)	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

[REDACTED] 10/1/2018 X
Date Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

Request ID: 9 - 5070



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

SEP 28 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BRITT	First Name WANDA	Middle Name LEE	Suffix	Date of Birth
Home Address (NC Residential Address.) 145 ED-SESSOMS RD		Mailing Address (If different than home address.)		
City CLARKTON	State NC	Zip Code 28433	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence BLADEN	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X		Voter Registration No. 000000035472	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) X	Signature of Near Relative/Legal Guardian (if applicable) X
Date	Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address:

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address:

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

11-6-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Stevens</u>	First Name <u>Sharyn</u>	Middle Name <u>Siler</u>	Suffix [REDACTED]
Home Address (if residential address) <u>56 Davis Farm Rd.</u>		Mailing Address (if different than home address)	
City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) [REDACTED] <u>XXX-XX-XXXX</u> [REDACTED]		Voter Registration No.	Phone (optional) [REDACTED]
		Email (optional) <u>sharynstevens@gmail.com</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>56 Davis Farm Rd.</u>		City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

TIME: REC'D BY:
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Signature of Near Relative/Legal Guardian (if applicable)

9-25-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Pena Sierra		First Name Demetrio		Middle Name	Suffix
Home Address (NC Residential Address.) 805 Riverside Dr				Mailing Address (if different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or social security number)			Voter Registration No.	Phone (optional)	Email (optional)
[Redacted] X X X - X X			57512-1	802-3478	dpena-sierra@outlook.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 805 Riverside Dr		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

[Redacted Signature]


9/25/2018

Date

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

 <div style="text-align: center;"> <h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p> </div>	<p>TO: Bladen County Board of Elections</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><small>Physical Address</small></p> <p>301 S Cypress Street Elizabethtown NC 28337</p> </div> <div style="width: 45%;"> <p><small>Mailing Address</small></p> <p>PO Box 512 Elizabethtown NC 28337</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <p><small>PHONE: 910-862-6951</small> elections@bladenco.org</p> <p><small>FAX: 910-862-7820</small></p> </div>
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Cain</u>	First Name <u>Evelyn</u>	Middle Name <u>Merritt</u>	Suffix <u>MS</u>		
Home Address (NC Residential Address.) <u>811 W. Seaboard St.</u>			Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
<small>You must provide at least one identification number below. (or see instructions)</small> <small>NC License or ID Number</small> <u>XXX-XX</u> <small>SSN</small> <u>[REDACTED]</u>			Voter Registration No.	Phone (optional) <u>910-863-4641</u>	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>811 W. Seaboard St.</u>		City <u>Bladenboro</u>	State <u>N.C.</u>
		Zip Code <u>28320</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
<small>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</small>			
Requestor's Name <u>DONNA KELLY</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address <u>4508 Oakcliffe Rd</u>		Name of Corporation (if appointed legal guardian)	
City <u>Greensboro</u>	State <u>NC</u>	Zip Code <u>27406</u>	Requestor's Phone <u>336-908-5089</u>
		Requestor's Email <u>d23986@aol.com</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable) <u>9-25-18</u> <u>Donna Kelly</u> <u>(POA)</u> <u>9-25-18</u> <small>Date</small>	Signature of Near Relative/Legal Guardian (if applicable) <u>9-25-18</u> <u>Donna Kelly</u> <u>(POA)</u> <u>9-25-18</u> <small>Date</small>
---	---



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512

Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS F FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General
Election Type (Primary, General, Municipal, Special, etc.)

on Nov 6th, 2018
Election Date

Voter Information

Last Name <u>Harrell</u>	First Name <u>Christopher</u>	Middle Name <u>Michael Barnes</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1272 Bay Tree Drive</u>		Mailing Address (If different than home address.) <u>447 Stadium Drive</u>	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City <u>Wame Forest</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Wame Forest</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>477 Stadium Drive</u>	City <u>Wame Forest</u>	State <u>NC</u>	Zip Code <u>27587</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

(Not Reg.)



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 28 2018

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Rogers</u>	First Name <u>Michael</u>	Middle Name <u>Charles</u>	Suffix <u>[Redacted]</u>
Home Address (NC Residential Address.) <u>2620 Martin Luther King Jr</u>		Mailing Address (if different than home address.) <u>[Redacted]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1-1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. <u>[Redacted]</u>	Phone (optional) <u>[Redacted]</u>
		Email (optional) <u>[Redacted]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>506 Brookwood C.R. Apt 506</u>	City <u>Litchdale</u>	State <u>NC</u>	Zip Code <u>27263</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>Helen Rogers</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
Requestor's Address <u>2620 Martin Luther King Jr</u>	<input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
City <u>Elizabethtown</u>	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian
State <u>NC</u>	Name of Corporation (if appointed legal guardian)
Zip Code <u>28337</u>	
Requestor's Phone <u>874-0476</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

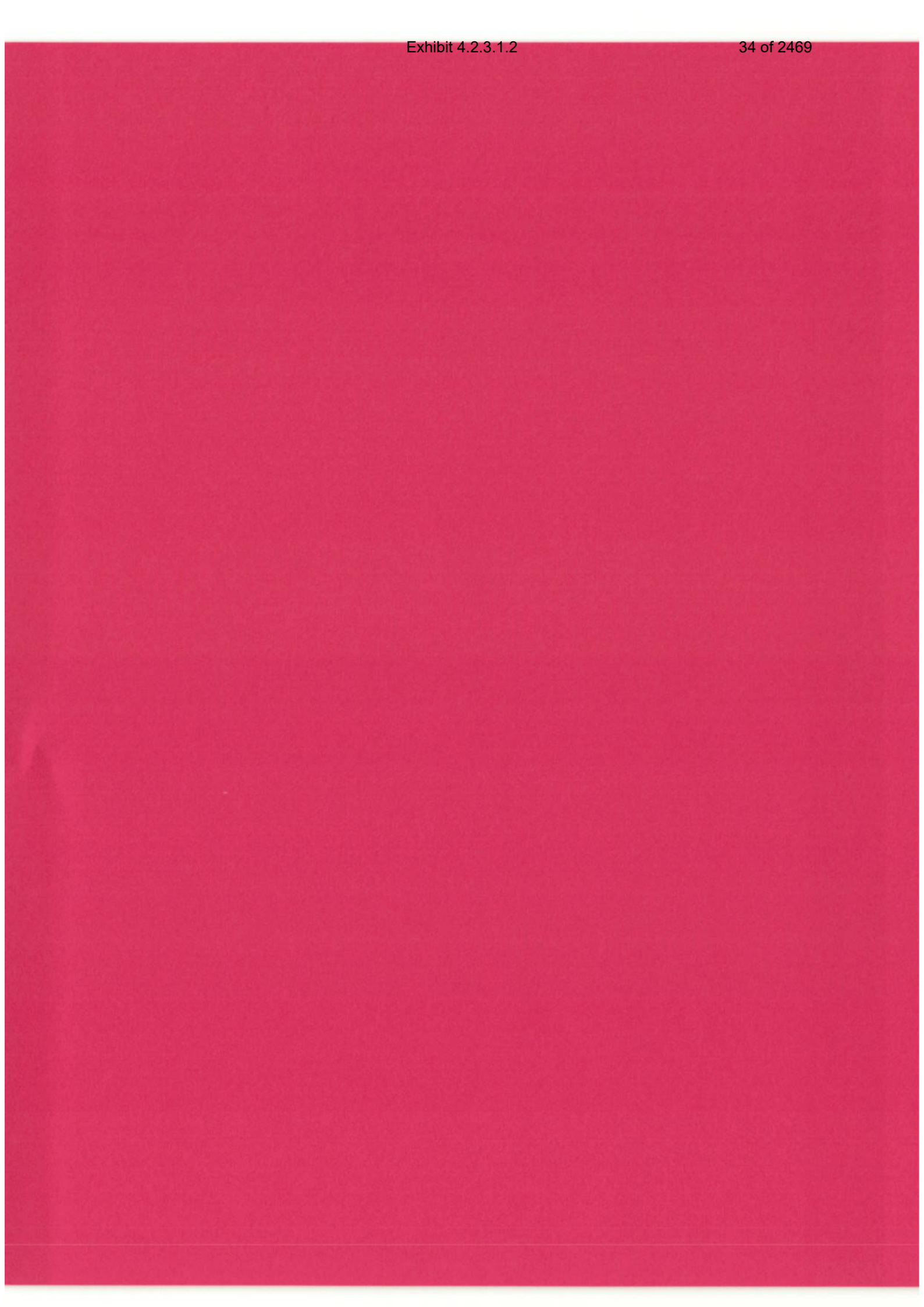
X

Date

Signature of Relative/Near Guardian (if applicable)

X Helen Rogers 9-28-18

Date



Scanned Batch Cover Sheet

2018-10-01 2:26PM

Scan Date	Batch Number	Source Code	Batch ID
2018-10-01 2:26PM	5	17	9639

Scan Date/Time: 2018-10-01 2:26PM

Batch Number: 5

Batch Size: 20

Source Code: 17

Batch ID: 9639

Operator: vpmckoy

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name PETITT		First Name ADRANNIE		Middle Name CAROL	Suffix [REDACTED]
Home Address (NC Residential Address.) 12849 NC 131 HWY.			Mailing Address (if different than home address.) [REDACTED]		
City BLADENBORO	State NC	Zip Code 28320	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence [REDACTED]		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable) [REDACTED]		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]		
SSN X X X - X X - [REDACTED]			Phone (optional) [REDACTED]		Email (optional) [REDACTED]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 12849 Hwy 131		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Signature of Voter (if applicable) [REDACTED]	Signature of Near Relative/Guardian (if applicable) X
Date 9/29/18	Date [REDACTED]

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V1013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name SYKES	First Name BRENDA	Middle Name GAIL	Suffix [REDACTED]
Home Address (NC Residential Address.) 1260 GUYTON RD.		Mailing Address (if different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1			
You must provide at least one identification number below. (or see instructions) NC License or ID Number XX XX - XX - [REDACTED]		Voter Registration No.	Phone (optional) [REDACTED]
		Email (optional) brendas299@ncsbe.com	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sign

X

Signature of Near Relative/Guardian (if applicable)

9-28-18 X

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE BY MAIL



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0195
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____ Election Date

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name MCKEE	First Name ELOISE	Middle Name LITTLE	Suffix	Date of Birth
Home Address (NC Residential Address.) 419 ELIZABETHTOWN RD., APT. 8A		Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence. Previous Name (if applicable)		
If "No," indicate the date of your move: _____		Voter Registration No. Phone (optional) Email (optional)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: X X X - X X -				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 419 ELIZABETHTOWN RD, APT. 8A		City Bladenboro	State NC	Zip Code 28320															
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan																			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No																			
If "Yes," what is the name and address of the hospital or facility: _____																			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: _____ <table border="0"> <tr> <td><input type="checkbox"/> spouse</td> <td><input type="checkbox"/> brother/sister</td> <td><input type="checkbox"/> parent</td> <td><input type="checkbox"/> grandparent</td> <td><input type="checkbox"/> stepparent</td> </tr> <tr> <td><input type="checkbox"/> child</td> <td><input type="checkbox"/> grandchild</td> <td><input type="checkbox"/> stepchild</td> <td><input type="checkbox"/> mother-in-law</td> <td><input type="checkbox"/> father-in-law</td> </tr> <tr> <td><input type="checkbox"/> son-in-law</td> <td><input type="checkbox"/> daughter-in-law</td> <td><input type="checkbox"/> legal guardian</td> <td colspan="2"></td> </tr> </table>					<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent															
<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law															
<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian																	
Requestor's Address		Name of Corporation (if appointed legal guardian)																	
City	State	Zip Code	Requestor's Phone	Requestor's Email															

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <i>absent</i> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X


Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

	State Absentee Ballot Request Form North Carolina	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
	I am requesting an absentee ballot for the: <u>General</u> on <u>2018</u> <small>(Election Type (Primary, General, Municipal, Special, etc.) Election Date)</small>	

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

Voter Information					
Last Name		First Name		Middle Name	Suffix
MITCHELL		ZHANE		GABRIELLE	
Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
3371 CROMARTIE RD.			P.O. Box 864		
City	State	Zip Code	City	State	Zip Code
ELIZABETHTOWN	NC	28337	Elizabethtown	NC	28337
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Bladen		
You must provide at least one identification number below. (for see instructions)			Voter Registration No.		
NC Driver's ID Number			Phone (optional)		
X X X - X X			Email (optional)		

Absentee Voting Information				
Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
P.O. Box 864		Elizabethtown	NC	28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign <u>X</u>	Signature of Near Relative/Guardian (if applicable) <u>9/29/2018</u> X
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

v2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

13313206260 NCSN0995449 IVNC

USE THIS APPLICATION TO VOTE BY MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BALLARD		First Name DONALD		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 266 SHORT HILL RD.				Mailing Address (if different than home address.)		
City TARHEEL	State NC	Zip Code 28392	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence			Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below, (or see instructions) NC License or ID Number: XXX - XX -			Voter Registration No.	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Blade Short Hills R.D.		City Tarheel	State nc	Zip Code 28392
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

TIME: 001 01 2018
REC'D BY: BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u> <u>10-1-18</u> Date	Signature of Near Relative/Guardian (if applicable) <u>X</u> <u>10-1-18</u> Date
--	--

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2012.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name	First Name	Middle Name	Suffix	Date of Birth	
BALLARD	CAROLYN	M			
Home Address (NC Residential Address)			Mailing Address (if different than home address)		
266 SHORT HILL RD.					
City	State	Zip Code	City	State	Zip Code
TARHEEL	NC	28392			
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number: <u>XXX - XX -</u>					

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
266 Short Hill Rd.		Tarheel	NC
Zip Code		28392	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

RECEIVED
OCT 01 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
<u>X</u>	<u>X Donald Ballard</u>
<u>10-1-18</u>	<u>10-1-18</u>
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

1/2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE BY MAIL



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27617-2555

PHONE: 1-866-522-723 elections.sboe@ncse.gov
FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 5, 2018
(Election Type (Primary, General, Municipal, Special, etc.) Election Date)

Voter Information

Last Name CAIN		First Name JOHN		Middle Name DANIEL	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) 456 PAGES LAKE RD.				Mailing Address (if different than home address)		
City SAINT PAULS	State NC	Zip Code 28384	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) [REDACTED] XXX - XX - [REDACTED]			Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 456 Pages Lake Road		City Saint Pauls	State NC	Zip Code 28384
If voter is registered as <u>unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature [REDACTED]	Signature of Near Relative/Guardian (if applicable) X
Date 9-27-18	Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name MITCHELL		First Name JAMES		Middle Name H	Suffix [REDACTED]	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 3371 CROMARTIE RD.				Mailing Address (if different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1						
You must provide at least one identification number below. (or see instructions) NC License or ID Number: X X X - X X - [REDACTED]				Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 3371 Cromartie Rd.		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

9/29/2018X

Date

Date

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name ANDREWS	First Name GEORGE	Middle Name WORTHER	Suffix JR
Home Address (NC Residential Address.) 256 BRIGHTEN RD.		Mailing Address (if different than home address.)	
City RIEGELWOOD	State NC	Zip Code 28456	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: / /		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: [REDACTED] SSN: X X X - X X - [REDACTED]		Voter Registration No.	Phone (optional)
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 256 Brighten Rd		City Riegelwood	State N.C.	Zip Code 28456
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X	9/27-18
Date	Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE BY MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P.O. BOX 27255

RALEIGH, NC 27611-7255

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FAX: 919-715-0135

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

Nov. 6th 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name CAIN	First Name LOLA	Middle Name ANN	Suffix [REDACTED]
Home Address (NC Residential Address.) 456 PAGES LAKE RD.		Mailing Address (if different than home address.) [REDACTED]	
City SAINT PAULS	State NC	Zip Code 28384	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: 1 / 1			
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]		Voter Registration No.	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 456 Pages Lake Road	City Saint Pauls	State N.C.	Zip Code 28384
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-27-18 X

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.**SEE REVERSE FOR ADDITIONAL INFORMATION**

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

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FAX: 919-715-0135

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal on Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BLACKMON		First Name JACQUELINE		Middle Name SUE	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) 410 5TH ST.				Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1 / 1</u>			County of Residence		Previous Name (if applicable)	
You must provide at least one identification number below: (or see instructions) <small>NC License or ID Number</small> X X X - X X - [REDACTED]			Voter Registration No. 00000000 8222		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should this ballot be mailed?) 410 5th St		City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign <u>[REDACTED]</u> Date <u>9-29-18</u> X	Signature of Near Relative/Guardian (if applicable) Date
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V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

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State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
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RALEIGH, NC 27611-7255

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I am requesting an absentee ballot for the: General on 11/10/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name JOHNSON		First Name LYNARD		Middle Name A	Suffix [REDACTED]
Home Address (NC Residential Address) 1897 CABBAGE RD.			Mailing Address (if different than home address)		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>			County of Residence Bladen		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XX X - XX - [REDACTED]			Voter Registration No. 900 6484156		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1897 Cabbage Rd		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign <u>X</u>	Signature of Near Relative/Guardian (if applicable) <u>X Lynard Johnson</u> <u>11/8/18</u> Date
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Visit www.ncsbe.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE BY MAIL



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

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elections.sboa@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on _____ Election Date
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name SINGLETERY		First Name EMERALD		Middle Name DENISE	Suffix MS
Home Address (NC Residential Address) 706 CHESTNUT ST., APT. 30				Mailing Address (if different than home address)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>			County of Residence Bladen		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X -			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 706 Chestnut St Apt 30		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable) <u>9/27/18 X</u>	Date
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V2018.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

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State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

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elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

Nov. 2018
Election Date

Voter Information

Last Name MOFFAT		First Name CATHERINE		Middle Name D	Suffix	Date of Birth
Home Address (NC Residential Address.) 583 CAPE OWEN MANOR RD.				Mailing Address (if different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: / /						
You must provide at least one identification number below. (or see instructions) NC Driver's ID Number: XXXXXXXX - XX			Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature 	Signature of Near Relative/Guardian (if applicable) <u>9-29-18</u> Date
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V3013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
PETITT	ANDREW	EDWARD	
Home Address (NC Residential Address)		Mailing Address (if different than home address)	
12849 NC 131 HWY.			
City	State	Zip Code	
BLADENBORO	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional) Email (optional)
NC license or ID Number <u>XXX - XX -</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
12849 NC 131 HWY	BLADENBORO	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign <u>X</u>	Signature of Near Relative/Guardian (if applicable)
<u>9/29/18</u>	<u>X</u>
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

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State Absentee Ballot Request Form

North Carolina

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL

on

NOV 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name GANTT		First Name MARY		Middle Name JANE	Suffix [REDACTED]
Home Address (NC Residential Address) 34 KILDEE DR.			Mailing Address (if different than home address)		
City HARRELLS	State NC	Zip Code 28444	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1-1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 34 Kildee Drive		City HARRELLS	State NC	Zip Code 28444
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[Signature] X

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

5-13
WTH

State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

THAT RECEIVED BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>JOHNSON</u>	First Name <u>HILARY</u>	Middle Name <u>HESTER</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>3873 MARSH ROAD</u>		Mailing Address (If different than home address.)		
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1-1-1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether: If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law				
Requestor's Address		Name		
City	State	Zip Code	Requestor's Address	

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Letters
9-25-18

For Military/Overseas Citizens Only (may only be signed by the

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (or Requestor) [REDACTED] Date 07/18/18
Signature of Near Relative/Legal Guardian (if applicable) X Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BASS	First Name Angel	Middle Name Hole	Suffix [REDACTED]
Home Address (NC Residential Address.) 135 COVENANT Cove		Mailing Address (If different than home address.)	
City Bladen BORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence Bladen	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED]

8-9-18X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dandee</u>	First Name <u>Wendy</u>	Middle Name <u>Denise</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>209 Walnut St #2D</u>		Mailing Address (if different than home address) <u>Same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED] Email (optional) [REDACTED]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
[Signature]
 Date 8-9-18



State Absentee Ballot Request Form

North Carolina

RECEIVED
SEP 21 2018
TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name EDWARDS	First Name MELISSA	Middle Name JACKSON	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) 1211 Storms Rd.		Mailing Address (if different than home address)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move: 1-1				
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN XXX - XX - [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

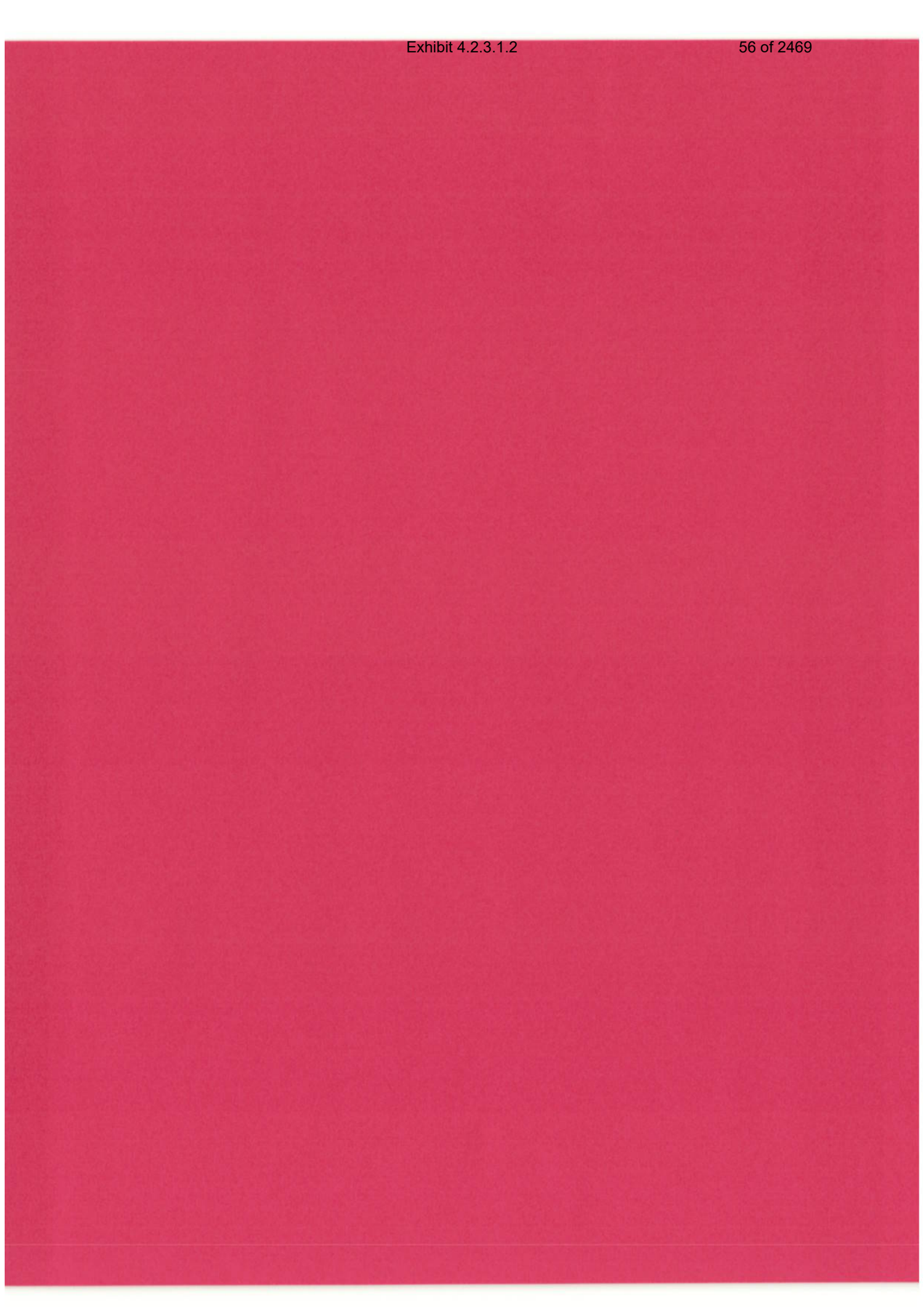
S

Signature of Near Relative/Legal Guardian (if applicable)

8-13-2018 **8-13-2018**

Date

Date





State Absentee Ballot Request Form

North Carolina

TIME RECORD
FRANCO, J. W. ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Turner</u>		First Name <u>Sharlene</u>		Middle Name <u>Dannielle</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>738 Storms Rd.</u>				Mailing Address (if different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXXXX</u>			Voter Registration No. Optional <u></u>	Phone (optional) <u></u>	Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>738 Storms Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18
Date

X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

General Instructions

A person must be a registered voter in their North Carolina county of residence in order to request an absentee ballot. If not registered to vote in the proper county, a person must submit a voter registration application along with this form. Voter registration applications are available online at www.ncsbe.gov. The deadline to register to vote is 25 days prior to the date of the election.

Completing the Form

The voter's full name, residential address, date of birth and an identification number (see **Proof of Identification** below) must be provided on this form. This information will be used to confirm your voter registration. In addition, this form must be signed by the voter or the voter's near relative or qualified legal guardian.

Who may make a request for an absentee ballot

Either the voter or the voter's near relative or qualified legal guardian may request an absentee ballot. A "near relative" is defined as the voter's spouse, brother, sister, parent, grandparent, child, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, stepparent, or stepchild.

Who may not make a request for an absentee ballot

If a registered voter is a patient in any hospital, clinic, nursing home or rest home in this State, it is unlawful for any owner, manager, director, employee, or other person, other than the voter's near relative or verifiable legal guardian, to request an absentee ballot on behalf of the voter. The voter's county board of elections should be contacted if a voter in a hospital, clinic, nursing home or rest home in this State needs assistance requesting or voting an absentee ballot.

Updating Voter Information

This form may also serve as a voter change form; however, changes in voter registration may only be made by the voter.

Proof of Identification

If the voter's identification number (NC driver license number, NC DMV-issued identification card number, or last four digits of social security number) is not provided, then provide with this request a copy of a document that shows the name and residential address of the voter: a current utility bill, bank statement, government check, paycheck, or other government document.

Ballot Availability

Absentee balloting materials are mailed to voters once ballots for an election are available. For most elections, ballots will be available 50 days prior to the date of the election. Absentee ballots are available 60 days prior to the date of a statewide general election and 30 days prior to the date of a city or municipal election.

Submitting the form

Submit this form to the County Board of Elections no later than 5:00 p.m. on the Tuesday before the date of the election.

Address: Bladen County Board of Elections
Po Box 512
Elizabethtown, NC 28337

Email: elections@bladenco.org

Fax: (910) 862-7820

This form may be mailed, faxed, emailed, or delivered in person. Visit www.ncsbe.gov to check the status of your absentee request.

Request ID: 9 - 6466



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **11/06/2018**
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name TURNER		First Name SHARLENE		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 738 STORMS RD				Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence BLADEN	Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X -			Voter Registration No.	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) X	Signature of Near Relative/Legal Guardian (if applicable) X
Date	Date

SHARLENE D TURNER

Offender ID: 1416955

Inmate Status: INACTIVE

Probation/Parole/Post Release Status: ACTIVE

Gender: FEMALE

Race: WHITE

Ethnic Group: EUROPEAN/N.AM./AUSTR

Birth Date: [REDACTED]

Age: 28

Probation/Parole Office: DISTRICT 13 UNIT B

**No
Photo
Available**

Name(s) Of Record			Names Type
Last Name	First Name	Middle Name	
TURNER	SHARLENE	DANNIELLE	COMMITTED

Most Recent Incarceration Summary

Incarceration Status: INACTIVE

Conviction Date: 05/05/2016

Primary Crime: FELONY B&E (PRINCIPAL)

Special Characteristics: REGULAR

Admission Date: 05/10/2016

Control Status: REGULAR POPULATION

Custody Classification: MINIMUM 1

Current Location: HARNETT COUNTY

Last Movement : EXPIRATION

Total Incarceration Term: 1 YEAR 5 MONTHS

Projected Release Date: 09/17/2017

Primary Crime Type: FELON

Current Status: N/A

Admission Facility: NC CI WOMEN

Next Control Review: UNKNOWN

Next Custody Review: 09/01/2017

Previous Location: EASTERN CI

Last Movement Date: 09/17/2017

Escapes?: N

Offender Sentence History

Sentence Number: 02-001

Conviction Date: 05/15/2018

Punishment Type: COMMUNITY SS (DCC)

Sentence Type 1: PROBATION

Most Recent Period of Supervision Report:

Commitment Type: PROBATION/PAROLE

County Of Conviction: CUMBERLAND

Offender Sentence History

Sentence Type 2: SUSPENDED SENTENCE
 Sentence Type 3: COUNTY JAIL
 Total Supervision Term: 12 MONTHS

Commitment	Case No.	Charge	Conviction Date	Release Date	Parole Status	Parole End Date	Parole Type	Parole Class
INITIAL	18701288	LARCENY (PRINCIPAL)		01/18/2018	MISD.			CLASS 1 MISDEMEANOR SS
CONSOLIDATED FOR JUDGMENT	18701288	POSSESSING STOLEN GOODS (PRINCIPAL)		01/18/2018	MISD.			CLASS 1 MISDEMEANOR SS

Most Recent Period of Incarceration Record

Sentence Number: BA-001
 Conviction Date: 05/05/2016
 Service Status: EXPIRED

Punishment Type: POST RELEASE
 Sentence Type 1: DEPT OF CORR DIV OF PRISONS
 Sentence Type 3: POST RELEASE SENTENCE
 Minimum Term: 6 MONTHS
 Parole Begin Date: 07/19/2016

Commitment Type: INMATE
 County Of Conviction: CUMBERLAND
 Sentence Begin Date: 05/05/2016
 Actual Release Date: 07/19/2016
 Projected Release Date: 07/19/2016

Maximum Term: 1 YEAR 5 MONTHS
 Parole End Date: 04/15/2017

Commitment	Case No.	Charge	Conviction Date	Release Date	Parole Status	Parole End Date	Parole Type	Parole Class
INITIAL	15059809	FELONY B&E (PRINCIPAL)		08/10/2015	FELON			CLASS H
CONSOLIDATED FOR JUDGMENT	15059810	OBT PROP BY FALSE PR/CHTS/SER (PRINCIPAL)		08/10/2015	FELON			CLASS H
CONSOLIDATED FOR JUDGMENT	15060288	OBT PROP BY FALSE PR/CHTS/SER (PRINCIPAL)		08/10/2015	FELON			CLASS H

Sentence Number: BA-002
 Conviction Date: 02/17/2017
 Service Status: EXPIRED

Punishment Type: POST RELEASE
 Sentence Type 1: DEPT OF CORR DIV OF PRISONS
 Sentence Type 2: POST RELEASE SENTENCE
 Minimum Term:

Commitment Type: INMATE
 County Of Conviction: CUMBERLAND
 Sentence Begin Date: 02/17/2017
 Actual Release Date: 09/17/2017
 Projected Release Date: 09/17/2017

Maximum Term: 9 MONTHS

Offender Sentence History					
Commitment	POST RELEASE REVOCATION (PRINCIPAL)	POST RELEASE REVOCATION	FELON	POST RELEASE REVOCATION	CLASS 1 MISDEMEANOR
CONCURRENT TO SENTENCE NUMBER BA*001	15059809	01/12/2017			
Previous Period of Supervision Record					
Sentence Number: 01-001 Conviction Date: 04/29/2014 Punishment Type: COMMUNITY SS (DCC) Sentence Type 1: PROBATION Sentence Type 2: SUSPENDED SENTENCE					
INITIAL	12051068	04/10/2014			

BLADEN COUNTY BOARD OF ELECTIONS

Page 1 of 1

VOTER PROFILE

Full Name: TURNER, SHARLENE DANNIELLE

Residence Address: 51 RICHARDSON RD
BLADENBORO, NC 28320

Mailing Address on File: PO BOX 383
BLADENBORO NC 28320

Sex: FEMALE
Race: W Ethnicity: UN
Party: DEMOCRATIC
Birth Place: NC

VRN: 000000048449
Age: 28
Register Date: 06/23/2008
Status: R

Districts

Voting History (36 Most Recently Voted Elections)

11/02/2010 11/02/2010 GENERAL
05/04/2010 05/04/2010 PRIMARY
11/04/2008 11/04/2008 GENERAL

I CERTIFY THAT THIS INFORMATION IS TRUE AND ACCURATE. Signature: _____

Date: 09/25/2018



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name PERRETT	First Name JUDY	Middle Name VANN	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 509 EAST POPLAR STREET		Mailing Address (If different than home address.) PO BOX 742		
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX - [REDACTED]		Voter Registration No. [REDACTED]		
		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO BOX 742		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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SEP 25 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

10/27/2018
Date

X

Date

Scanned Batch Cover Sheet

2018-09-25 2:25PM

Scan Date	Batch Number	Source Code	Batch ID
2018-09-25 2:25PM	6	06	9608

Scan Date/Time: 2018-09-25 2:25PM

Batch Number: 6

Batch Size: 1

Source Code: 06

Batch ID: 9608

Operator: vpmckoy



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Lloyd</u>	First Name <u>Shaunta</u>	Middle Name <u>Lynette</u>	Suffix <u>[REDACTED]</u>		
Home Address (NC Residential Address.) <u>1039 Braddy Plantation Rd</u>			Mailing Address (If different than home address.) <u>310 SW 62nd Blvd, Apt. 5</u>		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City <u>Gainesville</u>	State <u>FL</u>	Zip Code <u>32607</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u>N/A</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>000000467716</u>	Phone (optional) <u>404-548-2696</u>	Email (optional) <u>shauntalloyd@yahoo.com</u>

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>310 SW 62nd Blvd, Apt. 5</u>		City <u>Gainesville</u>	State <u>FL</u>
		Zip Code <u>32607</u>	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	
		Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence and right to spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

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SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (If applicable) <u>[REDACTED]</u>	Date <u>09/25/18</u>
--	-------------------------

Scanned Batch Cover Sheet

2018-09-25 2:33PM

Scan Date	Batch Number	Source Code	Batch ID
2018-09-25 2:33PM	7	17	9609

Scan Date/Time: 2018-09-25 2:33PM

Batch Number: 7

Batch Size: 30

Source Code: 17

Batch ID: 9609

Operator: vpmckoy

*McCrae
Dowless*



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>GITCHEL</u>	First Name <u>THOMAS</u>	Middle Name <u>L</u>	Suffix
Home Address (NC Residential Address.) <u>407 4TH STREET</u>		Mailing Address (If different than home address.)	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) <input checked="" type="checkbox"/> NC License or ID Number: <u>XXX - XX - [REDACTED]</u>		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed by board)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-16-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BROWN	First Name FRANCES	Middle Name KINLAW	Suffix
Home Address (NC Residential Address) 204 GRACE STREET		Mailing Address (If different than home address):	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X -		Voter Registration No. Optional	Phone (optional)
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as Above	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

RECEIVED
SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name HYATT	First Name CHARLES	Middle Name A	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address): 415 BERRY LEWIS ROAD		Mailing Address (if different than home address):		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1				
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]		Voter Registration No. 0072001	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): SAME AS ABOVE		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/16/2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name HYATT	First Name TERESA	Middle Name SINGLETARY	Suffix	Date of Birth
Home Address (NC Residential Address.) 415 BERRY LEWIS ROAD		Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as Above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed by board)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent;
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

8/16/2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202
W

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name MUSE	First Name JOHN	Middle Name DAMIEN	Suffix
Home Address (NC Residential Address.) 115 FREEMAN STREET		Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: XXX - XX -		Voter Registration No. 00000	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian) SEP 25 2018		
City	State	Zip Code	Requestor's Phone	Requestor's Email REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8/11/2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
P.O. Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>SINGLETARY</u>	First Name <u>DEBRA</u>	Middle Name <u>MICHELLE</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>415 BERRY LEWIS ROAD</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC license or ID Number <u>X X X - X X [REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>[REDACTED]</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>	Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>
		Requestor's Email TIME <u>[REDACTED]</u> REC'D BY <u>[REDACTED]</u> BLADEN CO. BD. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Voter (voter only)

[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

8/16/2018 X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name LEWIS	First Name ELBERT	Middle Name GREGORY	Suffix [REDACTED]
Home Address (NC Residential Address.) 82 LEWIS POCKET		Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28330	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) <input checked="" type="checkbox"/>		Voter Registration No.	Phone (optional)
NC License or ID Number SSN X X X - X X - [REDACTED]			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as Above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: right;"> RECEIVED SEP 25 2018 TIME ____ REC'D BY ____ BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

5

Signature of Near Relative/Legal Guardian (if applicable)

8-18-2018**X**

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S. Cypress St.
Elizabethtown NC
28337

Mailing Address:

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name WRIGHT		First Name JOANNIE		Middle Name FOX	Suffix [REDACTED]
Home Address (NC Residential Address) 6028 MARSH ROAD				Mailing Address (if different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: 1-1-			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

8-18-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS.

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address:

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name CATN	First Name TERRY	Middle Name LYNN	Suffix	Date of Birth
Home Address (NC Residential Address.) 2302 CORMARTIE ROAD		Mailing Address (if different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1				
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number X X X - X X				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email BY: BLADEN CO. BD. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name CALLIHAN		First Name CHARLES		Middle Name WAYNE		Suffix	
Home Address (NC Residential Address.) 16244 NC 131 HWY				Mailing Address (if different than home address.)			
City BLADENBORO		State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/				Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X				SSN X X X - X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same As Above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

SEP 25 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

7-09-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name EDWARDS	First Name MONNIE LEE	Middle Name COX	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 215 BUTLER MILL ROAD		Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions). NC License or ID Number SSN XXX - XX [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No.				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

7-30-18



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name EDWARDS	First Name SAMUEL	Middle Name HOUSTON	Suffix [REDACTED]
Home Address (NC Residential Address) 59 LUTHER BRISSON ROAD		Mailing Address (if different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1			
You must provide at least one identification number below. (or see instructions) NC License or ID Number: XXX-XX-[REDACTED]		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

S **[REDACTED]** **1/21/2018** **X**
 Signature of Near Relative/Legal Guardian (if applicable) Date



TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
 PO Box 512
 Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name ELTWELL		First Name TERESA		Middle Name HESTER		Suffix	
Home Address (NC Residential Address) 502 5th STREET				Mailing Address (if different than home address) PO Box 1017			
City BLADENBORO		State NC	Zip Code 28320	City BLADENBORO		State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/							
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN XXX - XX -				Voter Registration No.		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 1017				City BLADENBORO		State NC		Zip Code 28320	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.									
<input type="checkbox"/> Democratic			<input type="checkbox"/> Republican			<input type="checkbox"/> Libertarian			<input type="checkbox"/> Non-partisan
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No									
If "Yes," what is the name and address of the hospital or facility:									
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:									
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address:				Name of Corporation (if appointed legal guardian)					
City				State		Zip Code		Requestor's Phone	
								Requestor's Email:	
								TIME _____ REC'D BY _____ BLADEN CO. BO. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sig: [REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

8/26/88 X

Date _____



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>HESTER</u>	First Name <u>EDWARD</u>	Middle Name <u>SPENCER</u>	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address) <u>502 5TH STREET</u>			Mailing Address (If different than home address) <u>PO BOX 1017</u>		
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>PO BOX 1017</u>		City <u>BLADENBORO</u>	State <u>NC</u>
Zip Code <u>28320</u>			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (or Requestor) [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8/4/18</u>	Date

201
W

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name HESTER	First Name EVELINA	Middle Name SMITH	Suffix	Date of Birth	
Home Address (NC Residential Address.) 502 5th STREET			Mailing Address (If different than home address.) P.O. BOX 1017		
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX - [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) P.O. BOX 1017		City BLADENBORO	State NC
Zip Code 28320			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

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SEP 25 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) X <u>[REDACTED]</u> <u>8/4/18</u> Date	Signature of Near Relative/Legal Guardian (if applicable) X _____ Date
---	---



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HESTER		First Name GENIA		Middle Name LUPO	Suffix
Home Address (NC Residential Address) 668 SUNSET PARK ROAD				Mailing Address (if different than home address)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X -			Voter Registration No. 707151		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

7/16/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>PITTMAN</u>		First Name <u>KAYLA</u>		Middle Name <u>BETH</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1200 SOUTH MAIN STREET</u>			Mailing Address (If different than home address.)		
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) <input checked="" type="checkbox"/>			Voter Registration No.		
NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>			Phone (optional)		Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State
		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input checked="" type="checkbox"/> legal guardian		
City	State	Zip Code	Name of Corporation (if appointed legal guardian)
			Requestor's Phone
			Requestor's Email
			REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>7/15/17 X</u>
Date <u>7/15/17</u>	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name DETTMAN	First Name KIMBERLY	Middle Name ANNE	Suffix [REDACTED]
Home Address (NC Residential Address.) 1200 SOUTH MAIN STREET		Mailing Address (if different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1			
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX - [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) same as above		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: right;"> RECEIVED SEP 25 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name PITTMAN	First Name MICHAEL	Middle Name GREG	Suffix	Date of Birth
Home Address (NC Residential Address.) 1200 SOUTH MAIN STREET		Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN		
If "No," indicate the date of your move: 1/1		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) <input checked="" type="checkbox"/> NC License or ID Number		Voter Registration No. XXXX - XX -	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

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SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

7-17-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name RICH	First Name DENNIS	Middle Name FLOYD	Suffix [REDACTED]
Home Address (NC Residential Address.) 759 HOGWALLOW ROAD		Mailing Address (if different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____		Voter Registration No. [REDACTED]	Phone (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

TIME REC'D BY

BLADEN CO. BOE ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X

7-12-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name SMITH		First Name ANNIE		Middle Name GABRIELA		Suffix [REDACTED]	
Home Address (NC Residential Address) 353 Sunset PARK ROAD				Mailing Address (if different than home address): [REDACTED]			
City BLADENBORO		State NC		Zip Code 28320			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City		State		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No.							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		Requestor's Address		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Phone		Requestor's Email		Name of Corporation (if appointed legal guardian)			
City		State		Zip Code		Requestor's Signature	

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TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
7-19-2018 X
 Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>SMITH</u>	First Name <u>MATTHEW</u>	Middle Name <u>DANIEL</u>	Suffix		
Home Address (NC Residential Address): <u>353 SUNSET PARK ROAD</u>			Mailing Address (if different than home address):		
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X - </u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
			Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-19-2018 X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

First Name

Middle Name

Suffix

Date of Birth

SMITH

JOSHUA

BLAKE

Home Address (NC Residential Address)

Mailing Address (If different than home address.)

389 SUNSET PARK ROAD

City

State

Zip Code

City

State

Zip Code

BLADENBORO

NC

28320

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: ____/____/____

BLADEN

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

Voter Registration No.

Phone (optional)

Email (optional)

X X X - X X -

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

SAME AS ABOVE

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ brother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

TIME
Requestor's Email REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address.

Sig

Signature of Near Relative/Legal Guardian (if applicable)

8/27/2018

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Shaw</u>	First Name <u>BILLY</u>	Middle Name <u>R</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>114 MIDWAY DRIVE</u>		Mailing Address (if different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>		Voter Registration No. <u></u>	Phone (optional) <u></u>
		Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1057</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian) <u></u>		
City	State	Zip Code	Requestor's Phone	Requestor's Email
TIME REC'D BY BLADEN CO. BD. OF ELECTIONS				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent; <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address <u></u>

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>6-13-18</u>	Date <u></u>



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Potts</u>	First Name <u>Velma</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>334 Victoria Dr</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number		Voter Registration No. <u>[REDACTED]</u>	Phone (optional)	Email (optional)
SSN <u>X X X - X X - [REDACTED]</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: center;"> RECEIVED SEP 25 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED] 9/24/18

Date

X [REDACTED]

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name STORMS		First Name WILMA		Middle Name D	Suffix [REDACTED]
Home Address (NC Residential Address.) 2385 GUYTON ROAD				Mailing Address (if different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: 1-1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same AS ABOVE		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

RECEIVED

SEP 25 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable) [REDACTED]	Date 9/20/2018
--	--------------------------



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>NANCE</u>		First Name <u>ELIZABETH</u>		Middle Name <u>YVONNE</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>2850 BURNER ROAD</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
Requestor's Address	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
City	State	Zip Code	Name of Corporation (If appointed legal guardian)	
			Requestor's Phone	
			Requestor's Email	

RECEIVED
SEP 25 2018

REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas):		Fax Number or Email Address	

Signature of Voter <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8/23/18</u>	Date <u>[REDACTED]</u>



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name KELLY		First Name JIMMY		Middle Name CECIL	Suffix
Home Address (NC Residential Address.) 19338 NC 410 HWY				Mailing Address (if different than home address.) PO BOX 1140	
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) <input checked="" type="checkbox"/> NC License or ID Number X X X - X X -			Voter Registration No. 00000	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO BOX 1140				City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

RECEIVED

SEP 25 2018

TIME: REC'D BY: BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature **X**

Signature of Near Relative/Legal Guardian (if applicable)
8/26/2018 X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name GITCHEL	First Name DARLENE	Middle Name M	Suffix
Home Address (NC Residential Address) 407 4th STREET		Mailing Address (If different than home address)	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)
If "No," indicate the date of your move: 1-1-1			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN X X X - X X -		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same As Above		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: right;"> RECEIVED SEP 25 2018 REC'D BY BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-16-18-X

Date

Date

2018-09-24 2:32PM

Scan Date	Batch Number	Source Code	Batch ID
2018-09-24 2:32PM	1	17	9599

Scan Date/Time: 2018-09-24 2:32PM

Batch Number: 1

Batch Size: 40

Source Code: 17

Batch ID: 9599

Operator: cwilliams

McCrae
Doulson



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name White	First Name Louise	Middle Name Mary	Suffix Astry	Date of Birth [REDACTED]
Home Address (NC Residential Address) 602 Village St.		Mailing Address (if different than home address)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: 1/1		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number	SSN XXX - XX - [REDACTED]	Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 602 Village St.		City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

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SEP 21 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/legal guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (must be signed by voter) X	Signature of Near Relative/Legal Guardian (if applicable) X
Date	Date

15



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St.
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name BULLARD		First Name STEPHEN		Middle Name DEVON	Suffix [REDACTED]
Home Address (NC Residential Address.) 128 JA CARROLL RD				Mailing Address (if different than home address.) SAME	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
[REDACTED] Identification number below. (or see instructions) SSN X X X - X X - [REDACTED]			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 128 JA CARROLL RD		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

6-14-18 X

Date

Date

15



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address:

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name BULLARD	First Name HOPE	Middle Name MCDANIEL	Suffix [REDACTED]
Home Address (NC Resident's Address) 128 JA CARROLL RD		Mailing Address (if different than home address.) SAME	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			
Social Security Number (or see instructions) [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 128 JA CARROLL RD		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address:

Signature of Near Relative/Legal Guardian (if applicable)

6-14-18 X

Date

Date

202



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BRYAN</u>		First Name <u>DANNY</u>		Middle Name <u>K</u>	Suffix <u></u>
Home Address (NC Residential Address) <u>277 ZION HILL Churched</u>				Mailing Address (if different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>			Voter Registration No. <u>Optional</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas): <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>6-10-18 X</u>
Date <u></u>	Date <u></u>



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

201

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name BENTON	First Name BENJAMIN	Middle Name C	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) 312 Pine Ridge Circle		Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X		Voter Registration No. 010005	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) X
Date 6-14-18	Date

201



State Absentee Ballot Request Form
North Carolina
RECEIVED
SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>ARD</u>		First Name <u>DeTton</u>		Middle Name <u>E</u>	Suffix <u></u>
Home Address (NC Residential Address): <u>802 Pine Ridge Circle</u>				Mailing Address (if different than home address): <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28325</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>			Voter Registration No. <u>00000</u>	Phone (optional) <u></u>	Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): <u>Same</u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u></u>	Name of Corporation (if appointed legal guardian) <u></u>			
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas): <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature of Voter (initials) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>6/10/18 X</u>
Date <u></u>	Date <u></u>



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Hammond		First Name SAMANTHA		Middle Name L	Suffix [REDACTED]
Home Address (NC Residential Address) 604 WEBB-FRAUK Rd				Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

8-30-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Dowless	First Name Sandra	Middle Name Hooks	Suffix [REDACTED]
Home Address (NC Residential Address) 303 Pecan St Apt 3F		Mailing Address (if different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/			
You must provide at least one identification number below. (or see instructions). NC License or ID Number X X X - X X - [REDACTED]		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
8-28-18 **X**
 Date Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Carroll	First Name Avery	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) 635 Paul Brisson Rd		Mailing Address (if different than home address)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/				
You must provide at least one identification number below. (or see instructions) NC License or ID Number: XXX - XX - [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (must be signed by voter) **X** **8-9-18** Date

Signature of Near Relative/Legal Guardian (if applicable) **X** Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Dowless	First Name Steve	Middle Name E	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 499 Evers Rd		Mailing Address (if different than home address)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number		Voter Registration No. 07709	Phone (optional)	Email (optional)
SSN X X X - X X - [REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Carolyn Dowless	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address 499 Evers Rd	Name of Corporation (if appointed legal guardian)			
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X **Carolyn R. Dowless** 8-25-18

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dowless</u>	First Name <u>Judy</u>	Middle Name <u>B</u>	Suffix <u></u>
Home Address (NC Residential Address) <u>684 Paul Brisson Rd</u>		Mailing Address (if different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u></u>
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) [Redacted] <u>XXXX-XX-XX</u>		Voter Registration No. Optional	Phone (optional) <u></u>
		Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u></u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>Daniel Dowless</u>	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>684 Paul Brisson Rd</u>	Name of Corporation (if appointed legal guardian) <u></u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone <u></u>
			Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X Daniel R Dowless 8-2-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28327

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Dowless		First Name Daniel		Middle Name Ross	Suffix [REDACTED]
Home Address (NC Residential Address) 684 Paul Brisson Rd				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1					
You must provide at least one identification number below. (or see instructions) N [REDACTED] SSN XXX - XX - [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED] **8-1-2018**

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dowless</u>		First Name <u>Cletus</u>		Middle Name <u>E</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>6802 Hwy 131</u>				Mailing Address (if different than home address)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No. Optional		Phone (optional) Email (optional)	
Identification number below. (or see instructions) [REDACTED] SSN <u>X X X - X X -</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8/13/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED**SEP 21 2018**

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Dowless</u>		First Name <u>Carolyn</u>		Middle Name <u>R</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>499 Evers Rd</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number		SSN <u>X X X - X X</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X 8-25-18 X
 Date Date Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P15

FRAUDULENTLY OR FALSELY SUBMITTING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name	First Name	Middle Name	Suffix	Date of Birth	
Davis	Wilford	M			
Home Address (NC Residential Address)			Mailing Address (If different than home address)		
1224 Center Rd					
City	State	Zip Code	City	State	Zip Code
Bladenboro	NC	28320			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Bladen		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number		SSN	Phone (optional)		
		X X X - X X -	Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Hancock		First Name Trevor		Middle Name R	Suffix [REDACTED]
Home Address (NC Residential Address.) 645 Paul Brisson Rd				Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Daniel Dowless		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input checked="" type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 684 Paul Brisson Rd		Name of Corporation (If appointed legal guardian)		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X **Daniel R Dowless** 8-2-2018

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hancock</u>	First Name <u>Pamela</u>	Middle Name <u>D</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>648 Paul Brisson Rd</u>		Mailing Address (if different than home address)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>Daniel Powless</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>684 Paul Brisson Rd</u>	Name of Corporation (if appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X Daniel R Powless 8-2-2018
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown.

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Hester	First Name Crystal	Middle Name Renee	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) 428 Ashe St #1		Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 941		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (or Requestor) **[REDACTED]** Signature of Near Relative/Legal Guardian (if applicable) **[REDACTED]**
 Date **8/23/18** X Date _____



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Thompson</u>	First Name <u>Clifton</u>	Middle Name <u>✓</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>3238 Center Road</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1-1-</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (for see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-2-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Thompson</u>		First Name <u>ALLYSON</u>		Middle Name <u>J</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>3238 Center Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below, (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8/2/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name HESTER		First Name JAMES		Middle Name L	Suffix [REDACTED]
Home Address (NC Residential Address.) 317 LB LEMMON Rd				Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro	State nc.	Zip Code 28320	City Bladen	State nc.	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number XX XX - XX - [REDACTED]		SSN XX XX - XX - [REDACTED]	Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 611		City Bladenboro	State nc.	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) 7-29-18 X
Date [REDACTED]	Date [REDACTED]

LO 6



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S. Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>HARNELSON</u>		First Name <u>JAMES</u>		Middle Name <u>T</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>204 midway drive lot 11</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional) <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>	Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>			
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED]

6-11-18 X

Date

Date

202



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name HALL		First Name KAYLA		Middle Name B	Suffix
Home Address (NC Residential Address.) 613 WEST SEABOARD ST				Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move: 1-1					
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX -			Voter Registration No. XXXX	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X

6-18-18 X

Date

Date

202
MD

State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>GUYTON</u>	First Name <u>HAZEL</u>	Middle Name <u>C</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>208 WEST WALNUT ST APT 6-D</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number		Voter Registration No. <u>00000000</u>	Phone (optional)	Email (optional)
SSN <u>XXX - XX - [REDACTED]</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
7-14-18 X
 Date Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name FORES		First Name ROY		Middle Name T	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) 8745 Center Road Rd				Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1						
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. Optional		Phone (optional)	
					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) X	Signature of Near Relative/Legal Guardian (if applicable) 7-25-18 X
Date	Date



State Absentee Ballot Request Form

North Carolina

SEP 21 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>FORES</u>		First Name <u>KASSIE</u>		Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>8745 Center Road</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>			Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No.			Phone (optional)
You must provide at least one identification number below. (or see instructions)			Email (optional)			
NC License or ID Number		SSN <u>X X X - X X - [REDACTED]</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-11-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
SEP 21 2018

TIME REC'D BY
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Britt		First Name Lisa		Middle Name Michelle	Suffix
Home Address (NC Residential Address) 303 Pecan St Apt 3F				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number X X X - X X			Options		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services of Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18 X

Date



State Absentee Ballot Form
 North Carolina
 BLADEN COUNTY

RECEIVED
 SEP 21 2018

TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
 PO BOX 512
 ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Feltwell</u>		First Name <u>James</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>303 Pecan St Apt. 2F</u>				Mailing Address (if different than home address.) <u>303 Pecan St. Apt 2F</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
"No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) <input type="checkbox"/> License or ID Number SSN <u>X X X - X X - [REDACTED]</u>			Voter Registration No.		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>303 Pecan St Apt 2F</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
---	--

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

5-23-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
SEP 21 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edwards</u>		First Name <u>MARY</u>		Middle Name <u>E</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>204 midway Dr LOT 4</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number		SSN <u>X X X - X X - [REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date	Date

202



State Absentee Ballot Request Form

North Carolina

SEP 21 2018

 TIME REC'D BY
 BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name EASON	First Name Michael	Middle Name S	Suffix [REDACTED]
Home Address (NC Resident Address) 401 Edwards AVE		Mailing Address (if different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number X X X - X X	SSN [REDACTED]		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

6-20-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Burney</u>	First Name <u>Jerry</u>	Middle Name <u>E</u>	Suffix <u></u>
Home Address (NC Residential Address) <u>11-C Village Oaks Apt</u>		Mailing Address (if different than home address) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u></u>
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X -</u>		Voter Registration No. <u></u>	Phone (optional) <u></u>
		Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: <u></u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>	
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>
		Requestor's Email <u></u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature of Near Relative/Legal Guardian (if applicable)
7-9-18 x
Date

60



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Butler		First Name Lennon		Middle Name D	Suffix [REDACTED]
Home Address (NC Residential Address.) 10 BERENG AVE				Mailing Address (If different than home address.) [REDACTED]	
City Tarheel	State NC	Zip Code 28337	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1-1			Previous Name (if applicable) [REDACTED]		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. [REDACTED]		
Phone (optional) [REDACTED]			Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 1575		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Signature **X** Signature of Near Relative/Legal Guardian (if applicable) **X**
 Date **8-8-18** Date **[REDACTED]**



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CARMONA</u>	First Name <u>LORI</u>	Middle Name <u>A</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>46 White Farm Ln</u>		Mailing Address (if different than home address) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)
NC License or ID Number	SSN <u>X X X - X X [REDACTED]</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas:)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

S [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)

7-23-18 X [REDACTED]

Date Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REG'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>LAKSON</u>	First Name <u>Branden</u>	Middle Name <u>Th</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>2305 GUYTON RD</u>		Mailing Address (if different than home address) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28370</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-19-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CELVATEZ</u>	First Name <u>DELLA</u>	Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>1187 STORMS RD</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.		
NC License or ID Number	SSN <u>X X X - X X</u>	Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-17-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 363 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

First Name <u>Christian</u>	First Name <u>DAVID</u>	Middle Name <u>Delane</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>125 dusty Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
Previous Name (If applicable)		Voter Registration No.		
Phone (optional)		Email (optional)		
You must provide at least one identification number below. (or see instructions)		SSN <u>X X X - X X</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>125 dusty Rd P.O. Box 1251</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
Voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
5-18-18 X
Date

202



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Other Information

Last Name <u>Christian</u>		First Name <u>Sheila</u>		Middle Name <u>L</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>10081 HWY 131</u>				Mailing Address (If different than home address.) <u>P.O. Box 1251</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladenboro</u>		
"No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) License or ID Number: <u>XX X - XX</u>			Voter Registration No.		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1251</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
Voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
X 5-18-18 X
 Date Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

207

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A VIOLATION OF THE NC ELECTIONS LAW, ONLY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Other Information

First Name <u>Deaver</u>		Middle Name <u>Ray</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>14 Midway Dr.</u>			Mailing Address (if different than home address.) <u>PO Box 1057</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
License or ID Number <u>XXX - XX</u>	SSN <u>XXX - XX</u>	Phone (optional)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1057</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
Voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED]
5-27-18 X
 Date Date

501



State Absentee Ballot **RECEIVED**
North Carolina
BLADEN COUNTY
SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETH TOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

m requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lawless</u>		First Name <u>Donald</u>		Middle Name <u>W</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>3776 Twisted Hickory Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabeth Town</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
No, indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No.	Phone (optional) Email (optional)
License or ID Number		SSN <u>XXX - XX - [REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
Voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
Voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X [REDACTED] 6/4/18
Date

Signature of Near Relative/Legal Guardian (if applicable)

X _____
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CRIME UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Dowless	First Name Robert	Middle Name Lee	Suffix Jr	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 7019 Albert St		Mailing Address (if different than home address.)		
City Dublin	State NC	Zip Code 28328	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1		Previous Name (if applicable)		
You must provide at least one identification number below, (or see instructions) NC License or ID Number		Voter Registration No.	Phone (optional)	Email (optional)
SSN X X X - X X [REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
X
 Date **8/30/18**
 Date

Batch 9599

Scanned Batch Cover Sheet

2018-09-24 3:33PM

Scan Date	Batch Number	Source Code	Batch ID
2018-09-24 3:33PM	2	06	9600

Scan Date/Time: 2018-09-24 3:33PM

Batch Number: 2

Batch Size: 3

Source Code: 06

Batch ID: 9600

Operator: vpmckoy

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	<p>NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255</p> <p>PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov</p>
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name Ayers	First Name Charles	Middle Name Edward	Suffix Jr	Date of Birth [REDACTED]	
Home Address (NC Residential Address) 680 Dennis Harold Simmons Rd			Mailing Address (if different than home address)		
City Fayetteville	State NC	Zip Code 28312	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence Bladen		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: [REDACTED] SSN: X X X - X X - [REDACTED]			Voter Registration No. Phone (optional) Email (optional)		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 680 Dennis Harold Simmons Rd		City Fayetteville	State NC
		Zip Code 28312	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: _____			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name (first) (middle) (last) (suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

RECEIVED

SEP 24 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

<div style="background-color: black; width: 100%; height: 100%;"></div>	<p style="text-align: right;">Signature of Near Relative/Guardian (if applicable)</p> <p style="text-align: center; font-size: 1.5em;">X</p> <p style="text-align: center;">9/21/18 _____</p> <p style="text-align: center; font-size: 0.8em;">Date Date</p>
---	--

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name Locklear		First Name Nikki		Middle Name M	Suffix [REDACTED]
Home Address (NC Residential Address.) 11561 NC Hwy 242 S			Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence Bladen		
Previous Name (if applicable)					
You must provide at least one identification number below. (or see instructions) <small>NC License or ID Number</small> [REDACTED]			Voter Registration No.		Phone (optional) 9108796022
<small>SSN</small> X X X - X X - [REDACTED]			Email (optional) nikki_locklear@brown.edu		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 69 Brown Street, Box #4448		City Providence	State RI
Zip Code 02912			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

RECEIVED
SEP 24 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only) X [REDACTED]	Signature of Near Relative/Guardian (if applicable) X [REDACTED]
Date 9/23/2018	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

Cynthia Shaw

From: Locklear, Nikki <nikki_locklear@brown.edu>
Sent: Sunday, September 23, 2018 6:29 PM
To: Cynthia Shaw
Subject: Absentee Ballot Request
Attachments: Locklear_AbsenteeBallotRequest.pdf

Hi Cynthia,

I hope this email meets you well. I'm submitting an absentee ballot request for the November midterm election. It is attached a .pdf document. If possible, could I receive a confirmation email to verify that it has been received?

Thank you,
Nikki Locklear

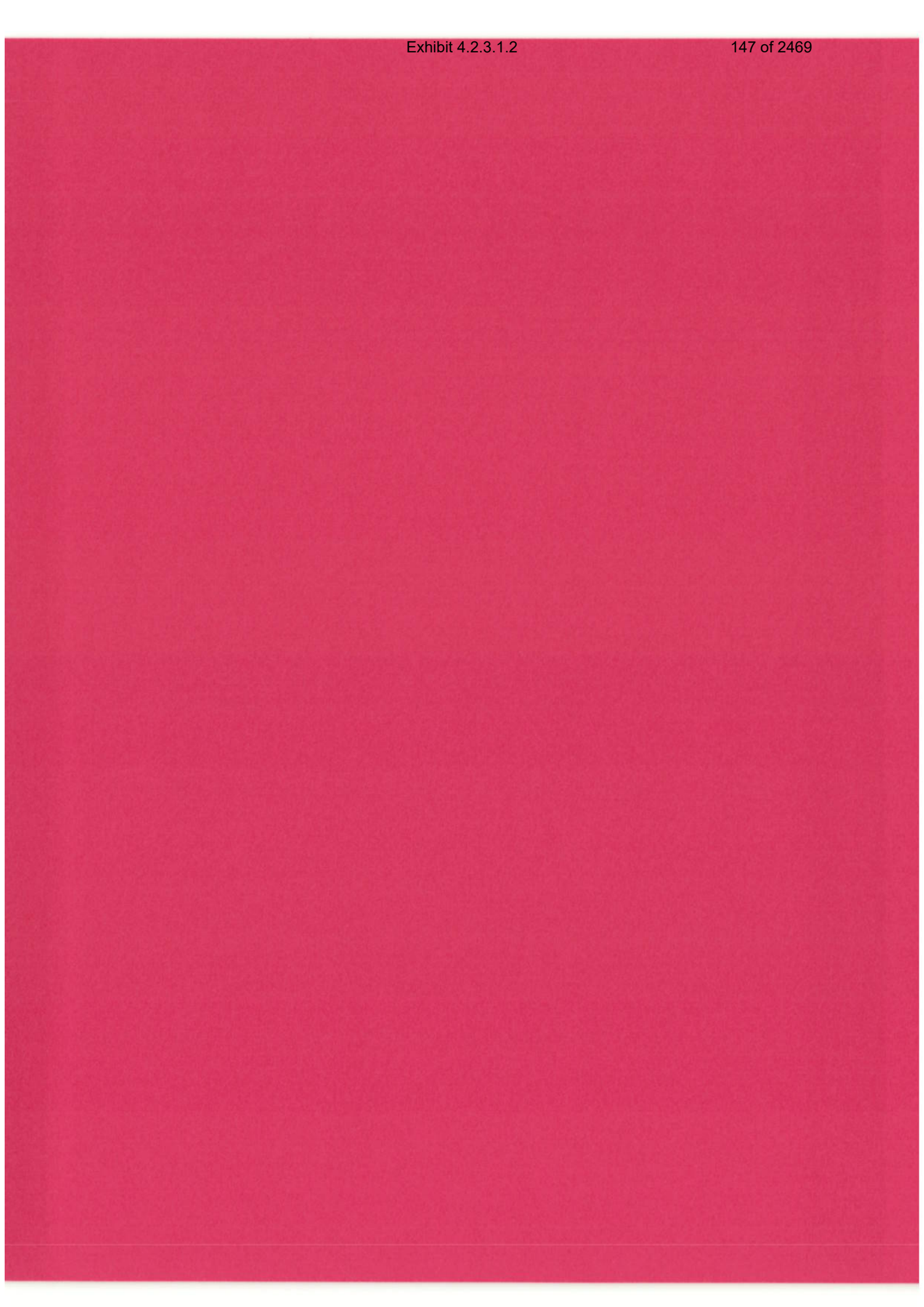
=====

This message has been scanned for viruses and dangerous content by MailScanner believed to be clean.

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Pursuant to North Carolina General Statutes Chapter 132, Public Records, this electronic mail message and any attachments hereto, as well as any electronic mail message(s) that may be sent in response to it may be considered public record and as such are subject to request and review by third parties.

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	State Absentee Ballot Request Form North Carolina		NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0133 elections.sboe@ncsbe.gov
	I am requesting an absentee ballot for the: <u>Statewide General Election</u> on <u>Nov. 6, 2018</u> <i>Election Type (Primary, General, Municipal, Special, etc.) Election Date</i>		

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

Voter Information					
Last Name Singletary		First Name Sandra		Middle Name Regina	Suffix [REDACTED]
Home Address (NC Residential Address.) 1327 Tar Heel Road			Mailing Address (if different than home address.) Heugasse 2		
City Tar Heel	State NC	Zip Code 28392	City Frankfurt am Main	State	Zip Code 65929
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: [REDACTED] SSN: [REDACTED]			Voter Registration No. Optional	Phone (optional) 9108622783	Email (optional) Sandra_singletary@yahoo.de

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) Heugasse 2			City Frankfurt am Main / GERMANY	State	Zip Code 65929
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: [REDACTED]					
Requestor's Address:			Name of Corporation (if appointed legal guardian): RECEIVED SEP 24 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input checked="" type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) Heugasse 2 65929 Frankfurt am Main GERMANY	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email Fax Number or Email Address Sandra_singletary@yahoo.de

Signature of Voter: [REDACTED]	Signature of Near-Relative/Guardian (if applicable): [REDACTED]
Date: 9/24/18	Date: X

Cynthia Shaw

From: Sandra Singletary <sandra_singletary@yahoo.de>
Sent: Monday, September 24, 2018 3:04 AM
To: elections@bladenco.org
Subject: Absentee Ballot Request
Attachments: Absentee Ballot Request Form_Sandra Singletary.pdf

Hello Board of Elections,

I am a resident of Bladen County, but currently live in Germany and would like to vote in the upcoming elections.

Attached, please find my completed Absentee Ballot request.

~~If you have any questions, just let me know!~~

Thanks a lot,
Sandra Singletary

This message has been scanned for viruses and dangerous content by MailScanner believed to be clean.

Pursuant to North Carolina General Statutes Chapter 132, Public Records, this electronic mail message and any attachments hereto, as well as any electronic mail message(s) that may be sent in response to it may be considered public record and as such are subject to request and review by third parties.

Batch Header Page

2018-09-24 4:18PM

Scan Date	Batch Number	Source Code	Batch ID
2018-09-24 4:18PM	4	17	9602

Scan Date/Time: 2018-09-24 4:18PM

Batch Number: 4

Batch Size: 20

Source Code: 17

Batch ID: 9602

Operator: vpmckoy

*Rec'd
Dowless*

202



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

im requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Other Information

Last Name <u>NORRIS</u>		First Name <u>SARAH</u>		Middle Name <u>S.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>304 Village Street Apt 3B</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
Previous Name (if applicable) <u>[REDACTED]</u>				Previous Name (if applicable) <u>[REDACTED]</u>	
You must provide at least one identification number below. (or see instructions) License or ID Number <u>X X X - X X - [REDACTED]</u>				Voter Registration No. <u>[REDACTED]</u>	
SSN <u>X X X - X X - [REDACTED]</u>				Phone (optional) <u>[REDACTED]</u>	
				Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
Voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas): <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

6/2/2018
Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2013
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Other Information

Last Name <u>Norris</u>		First Name <u>Joseph</u>		Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>304 Village St Apt - 3-B</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		
License or ID Number <u>XXX - XX - [REDACTED]</u>		SSN <u>XXX - XX - [REDACTED]</u>		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
Voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
Voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
5/13/18 X
 Date Date

201



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME RECEIVED
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St.
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Merri H	First Name Mildred	Middle Name E	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) 562 Pine Ridge Circle		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC [REDACTED] XX - XX - [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

6-10-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address:

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

15
ND

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MERRITT</u>	First Name <u>JEFFREY</u>	Middle Name <u>T</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>183 Suggs TAYLOR Rd</u>		Mailing Address (if different than home address.) <u></u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u></u>
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX XX - XX -</u>		Voter Registration No. <u></u>	Phone (optional) <u></u>
		Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u></u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u></u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>	Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>
		Requestor's Email <u></u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address: <u></u>

Signature X Signature of Near Relative/Legal Guardian (if applicable)
7-12-18 X
 Date Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mcleod</u>		First Name <u>Judy</u>		Middle Name <u>A</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>209 Walnut St Apt 3D</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number <u>X X X - X X - [REDACTED]</u>		SSN <u>[REDACTED]</u>	Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature [REDACTED] Signature of Near Relative/Legal Guardian (if applicable) 7-14-18 X
 Date [REDACTED] Date [REDACTED]



State Absentee Ballot Request Form

North Carolina

RECEIVED
SEP 21 2018
TIME _____ RECEIVED BY _____
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202
W

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BRYAN	First Name MARY MAY	Middle Name FRAN	Suffix [REDACTED]
Home Address (NC Residential Address.) 12796 NC 131 HWY		Mailing Address (If different than home address.) same	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence BLADEN	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]		Voter Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same As Above		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable) [REDACTED] Date 7-10-2018 X
--



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME _____ PERIOD BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

W

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BRYAN</u>		First Name <u>RICHARD</u>		Middle Name <u>LEE</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>12796 NC 131 HWY</u>				Mailing Address (if different than home address.) [REDACTED]	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/1</u>			County of Residence <u>BLADEN</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u> SSN [REDACTED]			Voter Registration No. [REDACTED]		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (must be signed by voter)

Signature of Near Relative/Legal Guardian (if applicable)

7-10-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME RECEIVED
BLADEN CO. BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>STORMS</u>	First Name <u>SCOTTIE</u>	Middle Name <u>LANE</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>7242 HWY 211 EAST</u>		Mailing Address (If different than home address.) <u>PO BOX 1014</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>BLADENBORO</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO BOX 1014</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-15-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
SEP 21 2018
BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>STORMS</u>	First Name <u>ROGER</u>	Middle Name <u>LANE</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>7242 HWY 211 EAST</u>		Mailing Address (if different than home address) <u>PO Box 1014</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>BLADENBORO</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	
If "No," indicate the date of your move: <u>1-1-</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. (Optional) <u>[REDACTED]</u>	
		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1014</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-15-17 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown.PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name STORMS		First Name CHRISTY		Middle Name CHESHIRE	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 7242 HWY 211 EAST				Mailing Address (if different than home address.) PO Box 1014		
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence PLADEN		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. [REDACTED]		Phone (optional) [REDACTED]	
			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 1014		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
8-15-18 X
 Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BORDEAUX</u>		First Name <u>MORGAN</u>		Middle Name <u>PAIGE</u>		Suffix		Date of Birth [REDACTED]		
Home Address (NC Residential Address) <u>8104 NC 41 HWY WEST</u>					Mailing Address (if different than home address.)					
City <u>BLADENBORO</u>		State <u>NC</u>		Zip Code <u>28320</u>		City		State Zip Code		
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No					County of Residence <u>BLADEN</u>		Previous Name (if applicable)			
If "No," indicate the date of your move: <u>1/1/18</u>										
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>					Voter Registration No. Optional		Phone (optional)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>				City		State		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan									
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No									
If "Yes," what is the name and address of the hospital or facility:									
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:									
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address				Name of Corporation (if appointed legal guardian)					
City		State		Zip Code		Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Sig _____ Signature of Near Relative/Legal Guardian (if applicable)
 Date 08/15/18 X _____ Date _____

P-15
24H

State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St.
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name JOHNSON		First Name DAVID		Middle Name LEE	Suffix JR.
Home Address (NC Residential Address) 38413 MARSH ROAD				Mailing Address (if different than home address.)	
City BLADENBORO		State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN	
If "No," indicate the date of your move: 1 / 1				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No.	Phone (optional) Email (optional)
NC License or ID Number		SSN X X X - X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE				City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-18-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____
BLADEN CO. CLERK OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Carlton</u>	First Name <u>Alice</u>	Middle Name <u>Faye</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>178 Butlers Loop Rd</u>		Mailing Address (if different than home address.)	
City <u>Bladonboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law
			<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME: 10:00 AM
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Burnell</u>	First Name <u>Anna</u>	Middle Name <u>Andrew</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>303 Pecan St. Apt 3H</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)	Email (optional)
NC License or ID Number	SSN <u>X X X - X X [REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>303 Pecan St. Apt 3H</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X

8-5-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

Ginger Cherry

TIME _____
BLADEN COUNTY BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Carlyle</u>	First Name <u>Gene</u>	Middle Name <u>Michael</u>	Suffix <u>SR</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>1034 5th Street</u>		Mailing Address (if different than home address) <u>P.O. Box 598</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28326</u>	City <u>Bladenboro</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 598</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28326</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
7/22/18 X
 Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 1 2018

BLADEN CO. CO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sykes</u>	First Name <u>Adam</u>	Middle Name <u>Briggs</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>1211 Storms rd</u>		Mailing Address (if different than home address)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1211 Storms rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-9-18

X

Date

Date

Cheryl
Ginger
15



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>SUGGS</u>	First Name <u>ALLISON</u>	Middle Name <u>MARGARET</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>53 KILLY LANE</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Bladen</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>[REDACTED]</u>
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>	
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>
		Requestor's Email <u>[REDACTED]</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas): <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Voter (Voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-28-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
BLADEN COUNTY BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Still	First Name David	Middle Name Donald	Suffix	Date of Birth
Home Address (NC Residential Address) 3727 center Ads.		Mailing Address (if different than home address.)		
City Bladenboro	State N.C.	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number		Voter Registration No. Optional	Phone (optional)	Email (optional)
SSN X X X - X X				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature X	Signature of Near Relative/Legal Guardian (if applicable) 8-7-2018 X
Date	Date

Scanned Batch Cover Sheet

2018-09-25 8:37AM

Scan Date	Batch Number	Source Code	Batch ID
2018-09-25 8:37AM	4	17	9606

Scan Date/Time: 2018-09-25 8:37AM

Batch Number: 4

Batch Size: 23

Source Code: 17

Batch ID: 9606

Operator: vpmckoy

*McCrae
Dowless*



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

Ginger
Cherry
2018TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Spurling</u>	First Name <u>Kim</u>	Middle Name <u>Margaret</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>104 Ivey St</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 2121</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (must be signed by voter) <u>X [REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>7-19-2018 X Kim Spurling</u>
Date	Date

Ginger Cheryl
201



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Spickard</u>		First Name <u>Dustin</u>		Middle Name <u>DAKOTA</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>104 Lucy St.</u>				Mailing Address (if different than home address) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)


Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-19-18</u>	Date

 <div style="text-align: center;"> <h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p> </div> <div style="text-align: center; margin-top: 20px;"> <p style="font-size: 24px; font-weight: bold; color: red;">RECEIVED</p> <p style="font-size: 24px; font-weight: bold;">SEP 21 2018</p> <p style="font-size: 12px;">TIME _____ REC'D BY _____</p> <p style="font-size: 12px;">BLADEN CO. BO. OF ELECTIONS</p> </div>	<p>TO: BLADEN COUNTY BOARD OF ELECTIONS</p> <table style="width: 100%; font-size: 10px;"> <tr> <td style="width: 50%;">Physical Address 301 S Cypress St Elizabethtown NC 28337</td> <td style="width: 50%;">Mailing Address PO Box 512 Elizabethtown</td> </tr> </table> <p>PHONE: 910-862-6951 FAX: 910-862-7820 bladen.boe@ncsbe.gov</p>	Physical Address 301 S Cypress St Elizabethtown NC 28337	Mailing Address PO Box 512 Elizabethtown
Physical Address 301 S Cypress St Elizabethtown NC 28337	Mailing Address PO Box 512 Elizabethtown		

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information							
Last Name <u>Smith</u>	First Name <u>Willis</u>	Middle Name <u>Shawn</u>	Suffix	Date of Birth [REDACTED]			
Home Address (NC Residential Address) <u>303 Pecan St. Apt 11C</u>			Mailing Address (if different than home address) <u>303 Pecan St. Apt 11C</u>				
City <u>Bladenboro</u>	State <u>N.C</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>N.C</u>			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1 / 1</u>			County of Residence <u>Bladen</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>X X X - X X</u> [REDACTED]			Voter Registration No. Optional <u>N/A</u>				
			Phone (optional) <u>N/A</u>				
			Email (optional) <u>N/A</u>				

Absentee Voting Information				
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (testament) <u>X</u> [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> [REDACTED]
<u>Aug 8, 18</u> Date	<u>X</u> Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sells</u>		First Name <u>Dennis</u>		Middle Name <u>Allen</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1602 Sandy Ridge Rd.</u>				Mailing Address (if different than home address) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional) <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
X 8-9-2018 X
 Date Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Parker</u>	First Name <u>Rebecca</u>	Middle Name <u>Blackmon</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>303 PECAN ST #3H</u>		Mailing Address (if different than home address) <u>Same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8-8-18 X</u>
Date <u>[REDACTED]</u>	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name PARKER	First Name MARANDA	Middle Name MICHELLE	Suffix —
Home Address (NC Residential Address) 136 Luther Brisson Rd		Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: 1/1/18		Previous Name (if applicable)	
Identification number below. (or see instructions) XXX - XX - [] [] []		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 136 Luther Brisson Rd		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature X	8/6/18	Signature of Near Relative/Legal Guardian (if applicable) X	Date
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State Absentee Ballot Request Form

North Carolina

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Packer		First Name Robert		Middle Name Earl	Suffix Jr
Home Address (NC Residential Address) 8717 NC Hwy 131				Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1					
You must provide at least one identification number below. (or see instructions) NC License or ID Number: XXX-XX			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 8717 NC Hwy 131		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig X	only)	8/6/18	Signature of Near Relative/Legal Guardian (if applicable) X
		Date	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
SEP 21 2018TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Parker</u>	First Name <u>Michael</u>	Middle Name <u>Chase</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>8717 NC highway 131</u>		Mailing Address (if different than home address) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8717 NC highway 131</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

102



State Absentee Ballot Request Form

North Carolina

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Kinlaw</u>		First Name <u>Cheryl</u>		Middle Name <u>Jane</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>500 Chestnut St</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sig

6/11/18

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Hunt		First Name Zachary		Middle Name Chance	Suffix [REDACTED]
Home Address (NC Residential Address) 499 Evers Rd				Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence Bladen		
You must provide at least one identification number below. (or see instructions) NCLicense or ID Number X X X - X X			Voter Registration No. Optional [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 499 Evers Rd		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign

X

Signature of Near Relative/Legal Guardian (if applicable)

8/7/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

262

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>		First Name <u>Christina</u>		Middle Name <u>MAE</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>55 Holly Britt Court</u>				Mailing Address (if different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 912</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-6-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME _____ RECEIVED BY _____
BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gordon</u>		First Name <u>Tonia</u>		Middle Name <u>Marie</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>178 Butters Loop Rd</u>				Mailing Address (if different than home address) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>			County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u> [REDACTED]			Voter Registration No. Optional [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
[Signature] X
 Date 8-9-18 Date _____



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown, NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edwards</u>	First Name <u>bo.</u>	Middle Name <u>J</u>	Suffix <u>Sr</u>
Home Address (NC Residential Address.) <u>314 5th St.</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28324</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
You must provide at least one identification number below, (or see instructions) NC License or ID Number <u>X X X - X X -</u>		Voter Registration No. <u>Optional</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1091</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28324</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter <u>[Redacted]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8-9-18</u>	Date

201
change

State Absentee Ballot Request Form

North Carolina

SEP 21 2013

 TIME _____ RECEIVED BY _____
 BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-362-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2013
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edwards</u>		First Name <u>Gladys</u>		Middle Name <u>None</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>314 5th Street</u>				Mailing Address (if different than home address) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28390</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. [REDACTED]		Phone (optional) [REDACTED]	
			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1641</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28390</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

 7-18-18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Eason</u>		First Name <u>Virginia</u>		Middle Name <u>Kay</u>	Suffix
Home Address (NC Residential Address) <u>401 Edwards Avenue</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. <u>[REDACTED]</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>401 Edwards Avenue</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Eason</u>	First Name <u>Jerry</u>	Middle Name <u>Dwayne</u>	Suffix <u>Mr</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>737 Ball Park Rd</u>		Mailing Address (If different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) [REDACTED] SSN <u>X X X - X X - [] [] []</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>757 Ball Park Rd</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

SEP 21 2018

TIME _____ RECD BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

First Name <u>EASON</u>		First Name <u>Ginger</u>		Middle Name <u>Shae</u>		Suffix [REDACTED]	
Home Address (NC Residential Address) <u>401 Edwards Ave</u>				Mailing Address (if different than home address) <u>same</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
"No," indicate the date of your move: <u>1/1</u>				Voter Registration No.		Phone (optional)	
You must provide at least one identification number below. (or see instructions)				Email (optional)			
License or ID Number <u>XXX - XX</u>		SSN <u>[REDACTED]</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>401 Edwards Ave</u>				City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
Voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
Voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		Requestor's Address		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-18-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name EASON		First Name Christopher		Middle Name D	Suffix [REDACTED]
Home Address (NC Residential Address) 401 Edwards AVE				Mailing Address (if different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: XXX - XX			Voter Registration No. [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X	Signature of Near Relative/Legal Guardian (if applicable) 6 13 18 X
Date [REDACTED]	Date [REDACTED]



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S. Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME: REC'D BY:
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bass</u>		First Name <u>Charles</u>		Middle Name <u>Ann</u>	Suffix
Home Address (NC Residential Address.) <u>135 Covenant Cir.</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature of Voter <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>SEP 18</u>	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ READ BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Rich	First Name Brandon	Middle Name Lynn	Suffix [REDACTED]
Home Address (NC Residential Address.) 178 Butters Loop Rd		Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (only)

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18
Date

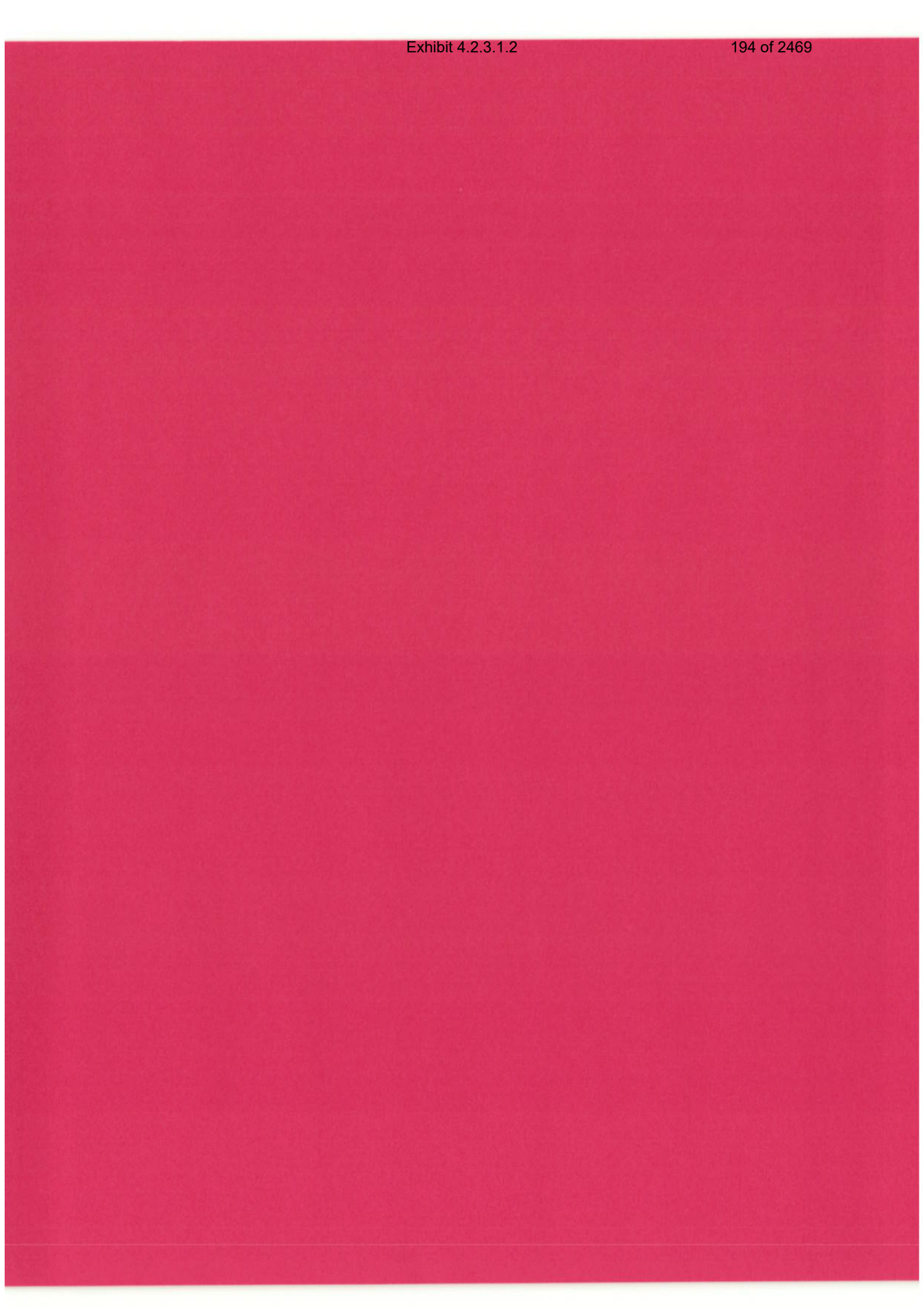
X

Date

PRINT RESULTS LIST
ABSENTEE VOTER CORRESPONDENCE LIST

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Munt	Source			Request ID		
RICH, BRANDON LYNN	178 BUTTERS LOOP RD BLADENBORO, NC 28320	000000052836	11/21/1983	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	395	395
MAIL	09/21/2018					N	P201		VV Absentee					

Total Records in report: 1



JOHNED BATH COVER SHEET

2018-09-12 10:54AM

Scan Date	Batch Number	Source Code	Batch ID
2018-09-12 10:54AM	4	17	9593

Scan Date/Time: 2018-09-12 10:54AM

Batch Number: 4

Batch Size: 9

Source Code: 17

Batch ID: 9593

Operator: gward

Absentee Request-
delivered by Arthur
Gardens on 9/12/18 GWA



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MOUITRIE</u>		First Name <u>DARLENE</u>		Middle Name	Suffix
Home Address (NC Residential Address) <u>810 DELLA ST</u>				Mailing Address (If different than home address) <u>P.O. Box 1002</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. Optional		
SSN <u>XXX - XX</u>			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1002</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
8-23-18 X
 Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CHAMBERS</u>		First Name <u>HORACE</u>		Middle Name	Suffix	Date of Birth	
Home Address (NC Residential Address) <u>1009 MOUTRIE LANE</u>				Mailing Address (if different than home address) <u>SAME</u>			
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>SAME</u>	State	Zip Code		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below, (or see instructions) NC License or ID Number			Voter Registration No. Optional		Phone (optional)		Email (optional)
SSN <u>XXX - XX</u>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1009 MOUTRIE LANE</u>		City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas):

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[Signature]
Date

8-21-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
*Election Type (Primary, General, Municipal, Special, etc.) Election Date***Voter Information**

Last Name <u>HENRY</u>	First Name <u>LORINE</u>	Middle Name <u>G</u>	Suffix	
Home Address (NC Residential Address.) <u>803 MOUTRIE LANE</u>		Mailing Address (If different than home address.) <u>P.O. Box 2094</u>		
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>N.C.</u> Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number		Voter Registration No. Optional	Phone (optional)	Email (optional)
SSN <u>X X X - X X</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 2094</u>	City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address.

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X8-16-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MITKIN</u>		First Name <u>Shirley</u>		Middle Name <u>A</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1105 QUAIL ST</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Same</u>	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1-1-1</u>			County of Residence <u>BLADEN</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1105 QUAIL ST</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature
[REDACTED]
Date
8-16-2018

Signature of Near Relative/Legal Guardian (if applicable)

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 5, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Melvin</u>	First Name <u>Shewana</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>1105 Quail Street</u>		Mailing Address (if different than home address) <u>Same</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1105 Quail Street</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

8-16-2018 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>PETERSON</u>	First Name <u>JUDY</u>	Middle Name <u>B</u>	Suffix <u></u>
Home Address (NC Residential Address) <u>1011 MOUTRIE LANE</u>		Mailing Address (if different than home address) <u>P.O. BOX 2481</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX -</u>		Voter Registration No. Optional <u></u>	Phone (optional) <u></u>
		Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. BOX 2481</u>	City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u></u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address: <u></u>		Name of Corporation (if appointed legal guardian) <u></u>	
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>
		Requestor's Email <u></u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address: <u></u>

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8-18-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DUDLEY</u>		First Name <u>TREVOR</u>		Middle Name <u>C</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>1009 MOUTRIE LANE</u>				Mailing Address (if different than home address) <u>SAME</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>SAME</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below, (or see instructions) NC License or ID Number <u>XXX - XX [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1009 MOUTRIE LANE</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-18-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MEIKIN</u>	First Name <u>TERA</u>	Middle Name <u>M</u>	Suffix	Date of Birth
Home Address (NC Residential Address) <u>1105 QUAIL ST.</u>		Mailing Address (if different than home address.) <u>SAME</u>		
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>11</u>	State <u>11</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1105 QUAIL ST.</u>	City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild
			<input type="checkbox"/> mother-in-law
			<input type="checkbox"/> father-in-law
			<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas,)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-16-2018

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DUDLEY</u>		First Name <u>ROSEVEIT</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1009 MOUTRIE LANE</u>				Mailing Address (if different than home address.) <u>SAME</u>		
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>SAME</u>	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>TRIADEN</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>			Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number			SSN <u>X X X - X X</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1009 MOUTRIE LANE</u>		City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-18-2018 X
Date

Date

Scanned Batch Cover Sheet

2018-09-10 1:28PM

Scan Date	Batch Number	Source Code	Batch ID
2018-09-10 1:28PM	6	06	9586

Scan Date/Time: 2018-09-10 1:28PM

Batch Number: 6

Batch Size: 1

Source Code: 06

Batch ID: 9586

Operator: gward

Wanda Kay Callahan
Absentee Request - by-mail
9/10/18 GPW



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name CAILHAN		First Name WANDA		Middle Name Kay	Suffix
Home Address (NC Residential Address.) 1860 Berry Lewis Rd.				Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/11			Previous Name (if applicable)		
You must provide a voter identification number below. (or see instructions) [REDACTED] SSN X X X - X X - [REDACTED]			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 520 Belhaven DR Wilmington		City Wilmington	State NC	Zip Code 28411
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
SEP 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sign

X

Signature of Near Relative/Legal Guardian (if applicable)

X

9/4/18
Date

Date

Scanned Batch Cover Sheet

2018-09-07 10:28AM

Scan Date	Batch Number	Source Code	Batch ID
2018-09-07 10:28AM	2	07	9577

Scan Date/Time: 2018-09-07 10:28AM
Batch Number: 2
Batch Size: 3
Source Code: 07
Batch ID: 9577
Operator: gward

Absentee Request.
brought in by Pamela
Benton on 9/2/18 GW

Pamela Benton
Curtis Benton
Curtis Benton Jr.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name BENTON		First Name PAMELA		Middle Name AVANT	Suffix [REDACTED]
Home Address (NC Residential Address.) 246 LEE ST.				Mailing Address (If different than home address.) P.O. BOX 778	
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX			Voter Registration No. 910		
			Phone (optional) 874-0228		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. BOX 778		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: right;"> RECEIVED SEP 07 2018 TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BENTON</u>		First Name <u>CURTIS</u>		Middle Name <u>TIMOTHY</u>	Suffix <u>JR</u>
Home Address (NC Residential Address.) <u>312 PINE RIDGE CIRCLE</u>				Mailing Address (if different than home address.) <u>P.O. BOX 778</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1-1</u>			County of Residence <u>BLADEN</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XX X - XX - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. BOX 778</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
				RECEIVED SEP 07 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

9-6-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BENTON		First Name CURTIS		Middle Name TIMOTHY		Suffix [REDACTED]	
Home Address (NC Residential Address) 246 LEE ST.				Mailing Address (If different than home address.) P.O. BOX 778			
City BLADENBORO		State NC	Zip Code 28320	City BLADENBORO		State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No. [REDACTED]		Phone (optional) 910 874-0229	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X [REDACTED]				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. BOX 778		City BLADENBORO		State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED
SEP 07 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas):		Fax Number or Email Address:	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18
Date

X
Date

2018-09-06 12:49PM

Scan Date	Batch Number	Source Code	Batch ID
2018-09-06 12:49PM	4	06	9575

Scan Date/Time: 2018-09-06 12:49PM

Batch Number: 4

Batch Size: 2

Source Code: 06

Batch ID: 9575

Operator: gward

(Absentee Request)

Joey + Jan Wilson (not reg.)
sent letters
9/6/18mailed in on
9/6/18 - GPW



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wilson</u>	First Name <u>Joey</u>	Middle Name <u>Michelle</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1702 Marsh Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)	Email (optional)
SSN [REDACTED] X X X - X X - [REDACTED]				<u>joeywilson2009@gmail.com</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1702 Marsh Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email <u>SEP 06 2018</u>

TIME RECEIVED

BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-5-2018
Date

X

Date

Scanned Batch Cover Sheet

2018-09-05 2:25PM

Scan Date	Batch Number	Source Code	Batch ID
2018-09-05 2:25PM	5	17	9569

Scan Date/Time: 2018-09-05 2:25PM

Batch Number: 5

Batch Size: 1

Source Code: 17

Batch ID: 9569

Operator: gward

brought in by McCrae
on 9/5/18 GAW



State Absentee Ballot Request Form

North Carolina

SEP 05 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address:

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

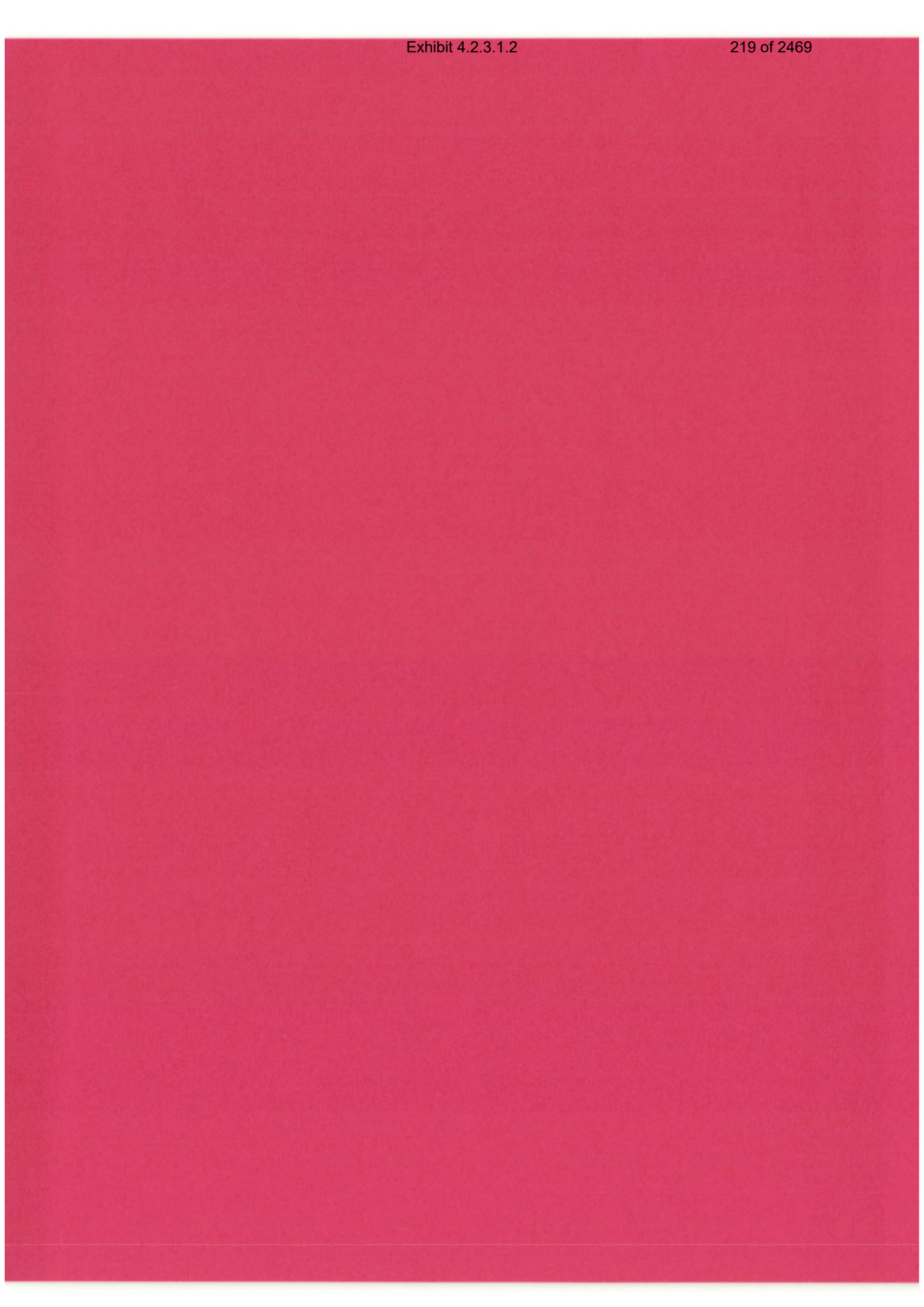
Last Name <u>Dowless</u>		First Name <u>Nellie</u>		Middle Name <u>B</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address): <u>734 Paul Beisson Rd</u>				Mailing Address (if different than home address): <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. Optional		
SSN <u>X X X - X X [REDACTED]</u>			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X 9 5 - 1 8</u>
	Date



Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

220 of 2469

2018-09-04 11:48AM

Scan Date	Batch Number	Source Code	Batch ID
2018-09-04 11:48AM	4	06	9562

Scan Date/Time: 2018-09-04 11:48AM

Batch Number: 4

Batch Size: 2

Source Code: 06

Batch ID: 9562

Operator: gward

Received by mail
9/4/18 GPLW

Absentee Request -
Patricia Cain Davis
Shelby Bailey Walker

Request ID: 9 - 6019



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS	First Name PATRICIA	Middle Name CAIN	Suffix [REDACTED]
Home Address (NC Residential Address.) 103 MINES CREEK RD		Mailing Address (If different than home address.)	
City ST. PAULS	State NC	Zip Code 28384	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____ / ____ / ____		County of Residence BLADEN	Previous Name (if applicable)
You must provide at least one identification number below, (or see instructions) SSN [REDACTED] X X X - X X - [REDACTED]		Voter Registration No. 000000003228	Phone (optional) [REDACTED]
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) [REDACTED]	City ST. PAULS	State NC	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: _____			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

RECEIVED
SEP 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) X [REDACTED]
Date [REDACTED]	Date [REDACTED]



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Walker</u>		First Name <u>Shelby</u>		Middle Name <u>Bailey</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>824 Lula Long Road</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Elizabethtown</u>		State <u>NC</u>		Zip Code <u>28337</u>		City <u>[REDACTED]</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)			
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions)				Voter Registration No. <u>00000000</u> <u>53905</u>		Phone (optional) <u>910-666</u> <u>9604</u>	
<u>SSN: XXX - XX - [REDACTED]</u>				Email (optional) <u>shelbywalker@gmail.com</u>			

Absentee Voting Information

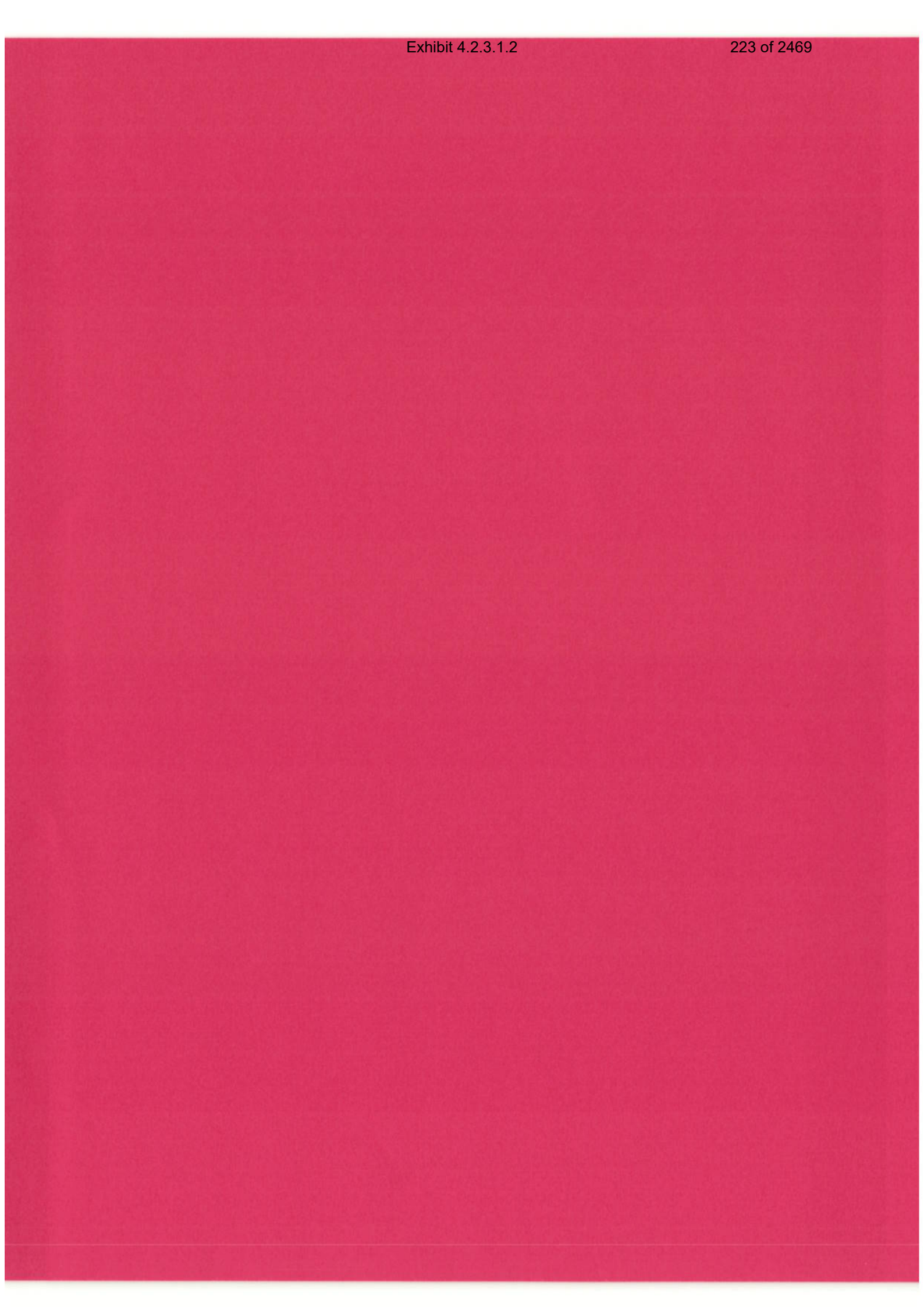
Absentee Mailing Address (Where should the ballot be mailed?) <u>824 Lula Long Road</u>		City <u>Elizabethtown</u>		State <u>NC</u>		Zip Code <u>28337</u>	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address		Name of Corporation (if appointed legal guardian)					
City		State		Zip Code		Requestor's Phone	
						Requestor's Email	

RECEIVED
SEP 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:		Transmit my ballot by: (Military/Overseas Voters Only)	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED]
Date 09/30/2018



Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

224 of 2469

2018-08-31 8:51AM

Scan Date	Batch Number	Source Code	Batch ID
2018-08-31 8:51AM	4	07	9552

Scan Date/Time: 2018-08-31 8:51AM

Batch Number: 4

Batch Size: 2

Source Code: 07

Batch ID: 9552

Operator: gward

8/31/18 GAW
Absentee Request -
Caison Titus Britt - ^{hand}delivered
by Jason Bri-
Viola Mae Simmons - FAX



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 30 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.bqe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Britt</u>	First Name <u>Caison</u>	Middle Name <u>Titus</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>985 Pleasant Grove Church Road</u>		Mailing Address (if different than home address) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>[REDACTED]</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PCC box 1535 250 Brent Lane</u>		City <u>Pensacola</u>	State <u>FL</u>	Zip Code <u>32503</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email


For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature <u>X [REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X Donna P. Britt</u>
Date <u>8-14-18</u>	Date <u>8/14/18</u>

RECEIVED

AUG 30 2018

 **State Absentee Ballot Request Form**
North Carolina

REC'D BY: Bladen County Board of Elections
C.O. Bd. of Elections
Elizabethtown, NC 28337


PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

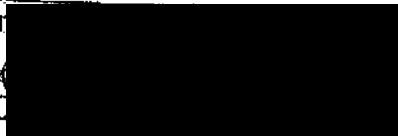
Last Name <u>Simmons</u>		First Name <u>Viola</u>		Middle Name <u>Mae</u>		Suffix 	
Home Address (NC Residential Address) <u>905 Moultrie Lane</u> City: <u>Elizabethtown</u> State: <u>NC</u> Zip Code: <u>28337</u>				Mailing Address (if different than home address) <u>1707 Burnette Ave, Apt 207</u> City: <u>Charlotte</u> State: <u>NC</u> Zip Code: <u>28208</u>			
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence: <u>Bladen</u> Previous Name (if applicable): <u>28208</u>			
If "No," indicate the date of your move: <u>1-1-1</u>				Voter Registration No. <u>XXXX-XX</u> Phone: <u>910-336-6907</u> Email: <u>VSimmson1@yahoo.com</u>			

Absentee Voting Information

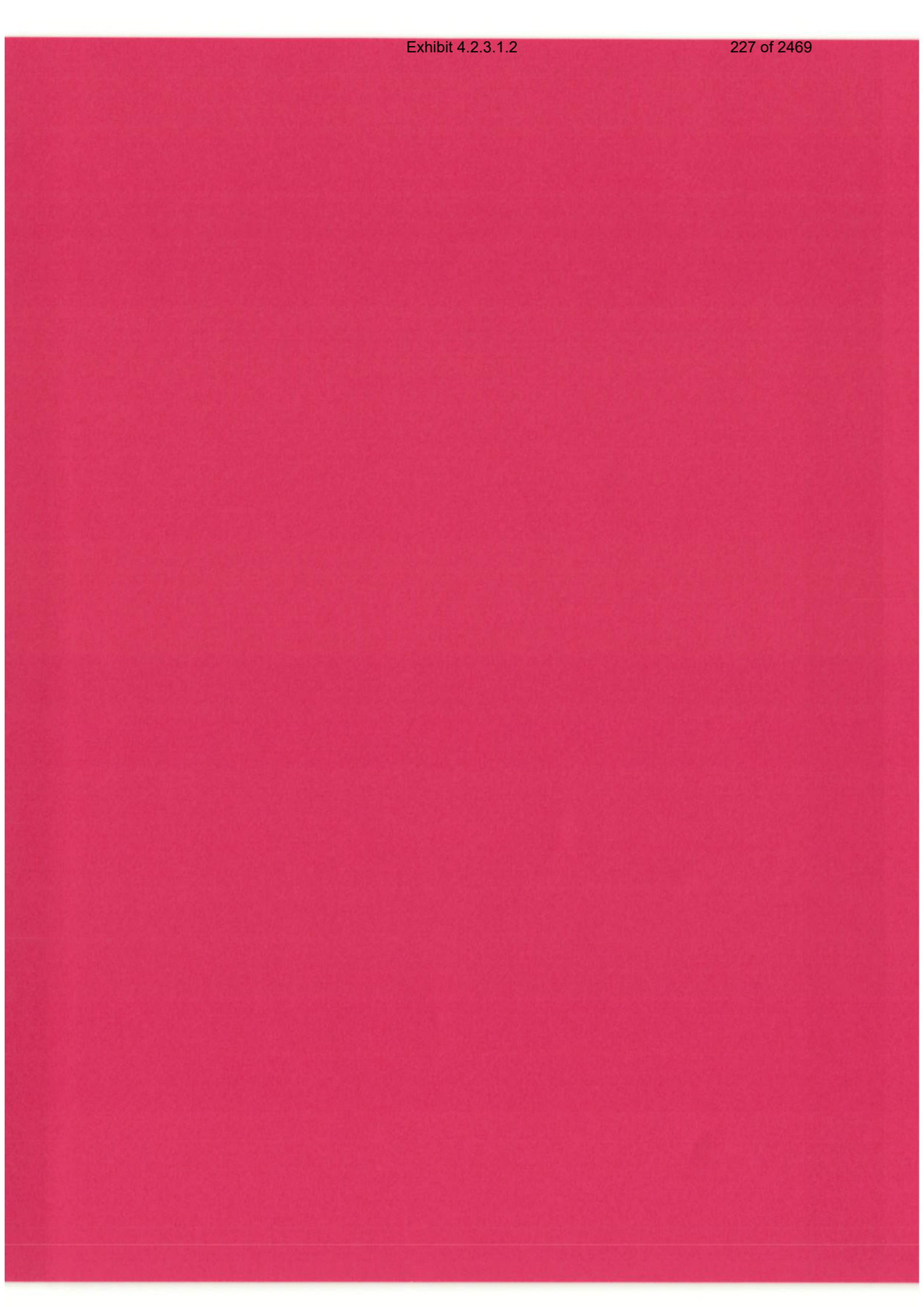
Absentee Mailing Address (Where should the ballot be mailed?) <u>1707 Burnette Ave, Apt 207</u> City: <u>Charlotte</u> State: <u>N.C.</u> Zip Code: <u>28208</u>			
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Non-partisan <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: _____ Requestor's Address: _____ City: _____ State: _____ Zip Code: _____ Requestor's Phone: _____ Requestor's Email: _____			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign  OR Signature of Near Relative/Legal Guardian (if applicable)
8/23/18 X
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



Scanned Batch Cover Sheet

2018-08-29 4:16PM

Scan Date	Batch Number	Source Code	Batch ID
2018-08-29 4:16PM	5	07	9541

Scan Date/Time: 2018-08-29 4:16PM

Batch Number: 5

Batch Size: 1

Source Code: 07

Batch ID: 9541

Operator: gward

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-18 12:08PM 229 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-18 12:08PM	12	07	9804

Scan Date/Time: 2018-10-18 12:08PM

Batch Number: 12

Batch Size: 20

Source Code: 07

Batch ID: 9804

Operator: gward

Impersonation
request
10/18/18 GOW

All done on 10/17/18



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDonald</u>	First Name <u>TERESA</u>	Middle Name <u>P</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>6546 BURNLEY FORD ROAD</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28423</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/18</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>6546 BURNLEY FORD ROAD</u>		City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28423</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 16 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/16/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDONALD</u>		First Name <u>Michael</u>		Middle Name <u>E</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>6546 BARKLEY FORD ROAD</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number: <u>XXX - XX - [REDACTED]</u>		SSN: <u>[REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>6546 BARKLEY FORD ROAD</u>		City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>TERESA P. McDONALD</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>6546 BARKLEY FORD ROAD</u>		Name of Corporation (If appointed legal guardian)		
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	Requestor's Phone	Requestor's Email

RECEIVED
OCT 16 2018
TIME REC BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X _____ Date _____
Teresa McDonald 10/16/18 _____ Date _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

Exhibit 4.2.3.1.2
North Carolina

232 of 2469
Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDONALD</u>		First Name <u>JASON</u>		Middle Name <u>B</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>1546 BURNLEY FORD ROAD</u>				Mailing Address (if different than home address.) <u></u>	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u></u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u></u>		SSN <u>X X X - X X</u>	Voter Registration No. <u></u>	Phone (optional) <u></u>	Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1546 BURNLEY FORD ROAD</u>		City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>TRAVIS P. McDONALD</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>1546 BURNLEY FORD ROAD</u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

RECEIVED

OCT 16 2018

TIME 1:00 PM BY BLADEN COUNTY OFFICIAL

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>

Signature of Voter (voter only)

X

Date

Signature of Relative/Near Guardian (if applicable)

Travis P. McDonald 10/16/18

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>SMITH</u>		First Name <u>KIMBERLY</u>		Middle Name <u>JOYCE</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>432 CATEISH FARM ROAD</u>				Mailing Address (if different than home address.)	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if applicable)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 17 2018
TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/15/2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>SMITH</u>	First Name <u>CRAIG</u>	Middle Name <u>DONALD</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>432 CATFISH FARM ROAD</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild
			<input type="checkbox"/> mother-in-law
			<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name RICH	First Name MELODY	Middle Name NANCE	Suffix [REDACTED]
Home Address (NC Residential Address.) 759 HOGWALLOW ROAD		Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: XXX - XX		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 17 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED] **10-16-18** **X** **[REDACTED]**
Date Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL

on

11/06/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Russ

First Name

CELIA

Middle Name

DENT (Pier)

Suffix

MS

Home Address (NC Residential Address.)

1312 W SEABOARD ST.

Mailing Address (if different than home address.)

PO Box 907

City

BLADENBORO

State

NC

Zip Code

28320

City

BLADENBORO

State

NC

Zip Code

28320Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: 1/1/18

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

Phone (optional)

RECEIVED

OCT 16 2018

Absentee Voting Information

TIME: 10:00 AM - 5:00 PM
BLADEN COUNTY BOARD OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?)

93 PHILLIPS ST.

City

BARNWELL

State

SC

Zip Code

29812

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

BEN E. KINLAW☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☒ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

93 PHILLIPS ST.

Name of Corporation (If appointed legal guardian)

City

BARNWELL

State

SC

Zip Code

29812

Requestor's Phone

803-450-4156

Requestor's Email

BEKINLAW@GMAIL.COM

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X [Signature]10/16/18

FAX



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 1B3 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL

on

11/06/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Russ	First Name Curtis	Middle Name Clinton	Suffix Mr
Home Address (NC Residential Address.) 1312 W. SEABOARD ST.		Mailing Address (if different than home address.) PO Box 907	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City BLADENBORO	State NC
If "No," indicate the date of your move: 1/1/18		Zip Code 28320	
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX		County of Residence BLADENBORO	Previous Name (if applicable)
Voter Registration No.		Phone (optional)	

RECEIVED
OCT 16 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 913 PHILLIPS ST.		City BARNWELL	State SC	Zip Code 29812
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name BEN E. KINLAW		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input checked="" type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 913 PHILLIPS ST.		Name of Corporation (if appointed legal guardian)		
City BARNWELL	State SC	Zip Code 29812	Requestor's Phone 803.450.4156	Requestor's Email BEKINLAW@GMAIL.COM

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter. <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (Voter only)

X


Date

Signature of Near Relative/Legal Guardian (if applicable)

X *Ben E. Kinlaw*

11/6/18

Date

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	<p>NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255</p> <p>PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov</p>
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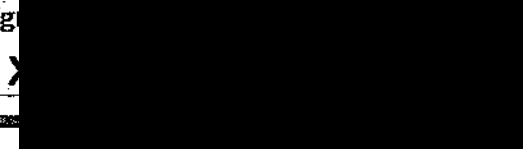
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information					
Last Name <u>Hines</u>	First Name <u>Sandra</u>	Middle Name <u>Leigh</u>	Suffix <u>Ms.</u>		
Home Address (NC Residential Address.) <u>200 Village St Apt. 12B</u>			Mailing Address (If different than home address.) —		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City —	State —	Zip Code —
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX</u>			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
			Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter 	Signature of Near Relative/Guardian (if applicable) <u>10.12.18X</u> Date
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State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Meggs</u>	First Name <u>Robert</u>	Middle Name <u>Walker</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2245 3rd Ave.</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> / / </u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number		Voter Registration No. Options	Phone (optional) Email (optional)
SSN <u>X X X - X X [REDACTED]</u>			RECEIVED OCT 15 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2245 3rd Ave</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u> </u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>CHRISTOPHER A. MEGGS</u>	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input checked="" type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address <u>2245 THIRD AVENUE</u>	Name of Corporation (If appointed legal guardian)			
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-874-5658</u>	Requestor's Email <u>Chris.meggs@ncsbe.gov</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date

October 10, 2018



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS F FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name WRIGHT <u>WRIGHT</u>	First Name STACY <u>STACY</u>	Middle Name LANE <u>LANE</u>	Suffix	
Home Address (NC Residential Address.) 200 GRACE ST <u>200 GRACE ST.</u>		Mailing Address (If different than home address.) -		
City BLADENBORO <u>BLADENBORO</u>	State NC	Zip Code 28320 <u>28320</u>	City BLADENBORO <u>BLADENBORO</u>	State NC
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. 000000024821	Phone (optional)	Email (optional)
SSN X X X - X X -				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>200 GRACE ST.</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>NONE</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
				BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
<u>10-11-18</u> <u>X None</u>
Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Robinson</u>	First Name <u>Billie (Billy)</u>	Middle Name <u>Ray</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>902 Berry Lewis RD</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (If different than above) <u>[REDACTED]</u>
If "No," indicate the date of your move: <u>1/1/</u>		RECEIVED OCT 17 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>902 Berry Lewis RD</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

<u>X</u> <u>[REDACTED]</u> Date <u>10/12/2018</u>	<u>X</u> <u>[REDACTED]</u> Date <u>[REDACTED]</u>
--	--



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>hesane</u>	First Name <u>Cedric</u>	Middle Name <u>E</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>200 Emma St</u>		Mailing Address (If different than home address.)	
City <u>ETown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No.	Phone (optional) <u>910-874-2179</u>
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
(First) (Middle) (Last) (Suffix)	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Sign

Signature of Relative/Near Guardian (if applicable)

X

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lesane</u>		First Name <u>Gwendolyn</u>		Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>200 Emma St</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>ETOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>			Voter Registration No.	Phone (optional) <u>910-8624404</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable) <u>[Signature]</u> Date <u>10/17/18</u>
--



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>hesame</u>		First Name <u>Charles</u>		Middle Name <u>B</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>200 Emma St</u>				Mailing Address (if different than home address.)		
City <u>ELTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX</u>			Voter Registration No. <u>9108624404</u>		Phone (optional) <u>9108624404</u>	
SSN: <u>[REDACTED]</u>			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>[REDACTED]</u>	Date <u>10/17/18</u>	Signature of Relative/Near Guardian (if applicable) <u>[Signature]</u>	Date <u>10/17/18</u>
--------------------------------	-------------------------	---	-------------------------



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>News</u>	First Name <u>Rosa</u>	Middle Name <u>Lee</u>	Suffix <u>[Redacted]</u>
Home Address (NC Residential Address) <u>2693 Rosendale Rd</u>		Mailing Address (If different than home address.) <u>[Redacted]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (If applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN <u>X X X - X X</u>		<u>910 862-4404</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>200 Emma St</u>		City <u>ETOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Twenda Lesane</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>200 Emma Street</u>		Name of Corporation (If appointed legal guardian)		
City <u>ETOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature

X

Signature of Relative/Near Guardian (if applicable)

X Twenda Lesane 10/17/18

Date

Date



State Absentee Ballot Request Form

North Carolina

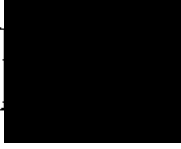


Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Peterson</u>		First Name <u>Hazel</u>		Middle Name <u>M</u>	Suffix 
Home Address (NC Residential Address.) <u>Q15 McLeod St Apt 8D</u>				Mailing Address (if different than home address.) 	
City <u>ELTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (optional)		Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number	SSN <u>X X X - X X</u>			<u>910 740 0578</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Sign

Signature of Relative/Near Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-5-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>HORNE</u>	First Name <u>HUBERT</u>	Middle Name <u>SAMPSON</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>BLADEN EAST HEALTH & REHAB. LLC -</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable) RECEIVED
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		TIME <u>OCT 17 2018</u>	REC'D BY <u>BLADEN CO. BD. OF ELECTIONS</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>915 PEANUT PLANT ROAD</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>BLADEN EAST REHAB 804 POPLAR ST. E. TOWN</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>WILLIE MAE HASTIE</u>		<input type="checkbox"/> spouse <input checked="" type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>715 PEANUT PLANT ROAD</u>		Name of Corporation (if appointed legal guardian)		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910/645-6544</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address	

Signature

Signature of Relative/Near Guardian (if applicable)

X

10/17/2018 X Willie Mae Hastie 10/17/2018
Date Signature Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>	First Name <u>Hilda</u>	Middle Name <u>Gail</u>	Suffix <u>Ms</u>		
Home Address (NC Residential Address.) <u>4751 Marsh Rd</u>			Mailing Address (If different than home address.) <u>Same</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) ID <u>[REDACTED]</u> SSN <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional) <u>910-862-7519</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>4751 Marsh Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

P.O. Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>	First Name <u>Kenneth</u>	Middle Name <u>Gordon</u>	Suffix <u>Mr</u>
Home Address (NC Residential Address.) <u>4751 Marsh Rd.</u>		Mailing Address (If different than home address.) <u>Same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
Identification number below (or see instructions) <u>XXX - XX -</u>		Voter Registration No. Optional	Phone (optional) <u>910-876-2931</u>
		Email (optional) <u>kgdavis@interstar.net</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>4751 Marsh Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 17 2018
TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature X Signature of Near Relative/Legal Guardian (if applicable) X
Date 10/17/18 Date

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

251 of 2469

2018-10-18 10:40AM

Scan Date	Batch Number	Source Code	Batch ID
2018-10-18 10:40AM	11	06	9803

Scan Date/Time: 2018-10-18 10:40AM

Batch Number: 11

Batch Size: 1

Source Code: 06

Batch ID: 9803

Operator: gward



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DEW	First Name JIMMY	Middle Name M	Suffix JR	Date of Birth
Home Address (NC Residential Address.) 9842 CENTER RD.		Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence BLADEN	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X [REDACTED]		Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian		REC'D BY OCT 15 2018 BLADEN CO. BD. OF ELECTIONS		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Not rec.
Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

253 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dew</u>	First Name <u>dimmy</u>	Middle Name <u>M</u>	Suffix <u>Jr.</u>
Home Address (NC Residential Address) <u>9842 Center Rd</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - XXX</u>		Voter Registration No. Optional	Phone (optional)
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>9842 Center Rd</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

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OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

Signature

X

10/1/18 X

Date

NORTH CAROLINA**VOTER REGISTRATION APPLICATION/UPDATE FORM****QUALIFICATIONS:**

- You must be a US citizen by birth or naturalization.
- You may register to vote only in the county in which you reside.
- You must be at least 18 years of age by the date of the next general election to vote.
- If convicted of a felony, you may register to vote only after you have completed your sentence, including probation or parole. Once you have done that, North Carolina automatically restores your citizenship rights including your right to vote. No special document is needed.

SPECIAL NOTICE:

The location where you received this form will remain confidential and will be used only for registration administration purposes. If you decline to register to vote, the fact that you so declined will remain confidential.

IF YOU DO NOT WISH TO REGISTER TO VOTE AT THIS TIME, INITIAL HERE AND CHECK THE BOX BELOW:

☐ I do not wish to register to vote at this time.

Are you a citizen of the United States of America? ☒ Yes ☐ No

IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION,
DO NOT SUBMIT THIS FORM.

Will you be at least 18 years of age on or before election day? ☒ Yes ☐ No

IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION,
DO NOT SUBMIT THIS FORM

JIMMY M DEW JR

Name

9842 Center Rd

Residential Address

Bladenboro NC 28320

City/State/Zip

Bladen

County of Residence

Have you lived at this address for 30 days or more? ☐ Yes ☐ No

If "No," list the date that you moved? _____

MAILING ADDRESS

Mailing Address (if different from your residential address)

City/State/Zip

NC Driver License or Non-operators ID #

Last

Male

Gender

Rutherford

County of Birth

NC

State of Birth

White

Race

Ethnicity

Dem.

Party Affiliation

Phone (Optional)

Email (Optional)

PREVIOUS NAME AND/OR ADDRESS

RECEIVED

Previous Name

OCT 15 2018

Previous Address

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Previous City/State/Zip

Previous County

Use this section to make changes or
to correct any inaccurate information

Name

Residential Address

Mailing Address

Date of Birth

Party Affiliation

NC Driver License or Non-operators ID Number

Other

SEIMS VR Form
revised 09/2013

NEED REG FOR ABS REQUEST - (11/06/2018)
[9 - 6662]

WARNING!

If you sign this form and know it to be false, you can be convicted of a Class I felony.

I Attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that: (1) I am a United States citizen, as indicated above; (2) I am at least 18 years old, or will be at the time of the next general election; (3) I shall have been a resident of North Carolina, this county, precinct, or other election district for 30 days before the election in which I intend to vote; (4) I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and (5) I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole. (Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed).

Date

10/10/18

Scan Date	Batch Number	Source Code	Batch ID
2018-10-18 3:03PM	16	07	9808

Scan Date/Time: 2018-10-18 3:03PM
Batch Number: 16
Batch Size: 12
Source Code: 07
Batch ID: 9808
Operator: gward

Abs. Request in person
10/18/18 GPW



State Absentee Ballot Request Form

North Carolina

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OCT 18 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0125
elections.sbqe@ncsbe.gov

TIME _____ REC'D BY _____
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.) _____ on _____ Election Date

Voter Information

Last Name <u>McDowell</u>		First Name <u>William</u>		Middle Name <u>Thomas</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>210 DAVID STREET</u>				Mailing Address (if different than home address.) <u>P.O. Box 2383</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No.		
SSN <u>X X X - X X - [REDACTED]</u>			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 2383</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>THOMAS McDOWELL</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>210 DAVID STREET</u>		Name of Corporation (if appointed legal guardian)		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910 862-6420</u>	Requestor's Email <u>N/A</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Guardian (if applicable)

X Thomas McDowell

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election ☒ on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Miles		First Name Evelyn		Middle Name Horne		Suffix [REDACTED]	
Home Address (NC Residential Address.) 550 Martin Gourd Rd.				Mailing Address (If different than home address.) 1771 Zion Church Rd.			
City Clarkton		State NC	Zip Code 28422	City Sanford		State NC	Zip Code 27330
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: / /							
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]				Voter Registration No.		Phone (optional) 910-872-4191	Email (optional) bob.k.miles@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1771 Zion Church Rd.				City Sanford		State NC	Zip Code 27330
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.							
Requestor's Name (Print) (Middle) (Last)				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address (Print) (Middle) (Last)				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

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OCT 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Sign

X


Signature of Near Relative/Guardian (if applicable)

X

10-14-18

Date

Date

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
---	---	--

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election ☒ on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information				
Last Name Miles		First Name Robert		Middle Name Keith
Home Address (NC Residential Address.) 550 Martin Gourd Rd.		Mailing Address (If different than home address.) 1771 Zion Church Rd.		
City Clarkton	State NC	Zip Code 28422	City Sanford	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence Bladen	
You must provide at least one identification number below. (or see instructions) NC license or ID Number: <u>XXXXXXXX - XX</u>			Previous Name (if applicable)	
Voter Registration No.		Phone (optional) 910-872-4191		Email (optional) bob.k.miles@gmail.com

Absentee Voting Information				
Absentee Mailing Address (Where should the ballot be mailed?) 1771 Zion Church Rd.				
City Sanford		State NC		Zip Code 27330
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: _____ Requestor's Address: _____ City: _____ State: _____ Zip Code: _____				
Name of Corporation (If appointed legal guardian)				
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 17 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Guardian (if applicable) <u>10-14-2018 X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: November Municipal Election on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Reed		First Name Gary		Middle Name Clarence	Suffix	Date of Birth
Home Address (NC Residential Address.) 16897 NC HWY 53 West				Mailing Address (if different than home address.)		
City Fayetteville	State N.C.	Zip Code 28312	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence	Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions.) SSN: [REDACTED] XXX - XX - [REDACTED]			Voter Registration No.	Phone (optional)	Email (optional)	

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OCT 16 2018

TIME REC'D BYC
BLADEN CO. BO. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Gary C. Reed 16897 NC HWY 53 WEST		City Fayetteville	State	Zip Code 28312
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign

X

Signature of Near Relative/Guardian (if applicable)

10-13-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-013
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on NOV 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Nora</u>		Middle Name <u>Bert</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>1239 Pleasant Grove Ch. Rd</u>				Mailing Address (if different than home address.) <u></u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u></u>	State <u></u> Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1-1-</u>				Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>				Voter Registration No. <u>15663</u>	Phone (optional) <u></u> Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1239 Pleasant Grove Church Rd</u>				City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility: <u></u>						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <u></u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Address <u></u>				Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>		Requestor's Email <u></u>	

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OCT 17 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		TIME: <u></u> REC'D BY: <u></u> BLADEN CO. BO. OF ELECTIONS
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature X

Signature of Near Relative/Guardian (if applicable)
10-17-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Caenoral on Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dove</u>		First Name <u>June</u>		Middle Name <u>Brisson</u>		Suffix <u>[Redacted]</u>	
Home Address (NC Residential Address.) <u>37 Brisson Rd</u>				Mailing Address (If different than home address.) <u>[Redacted]</u>			
City <u>Bladenboro</u>		State <u>nc</u>	Zip Code <u>28320</u>	City <u>[Redacted]</u>		State <u>[Redacted]</u>	Zip Code <u>[Redacted]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>[Redacted]</u>	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (or see instructions.) [Redacted] SSN <u>XXX-XX-</u>				Voter Registration No. <u>20223</u>		Phone (optional) <u>910 876-1071</u>	Email (optional) <u>jdove4406@gmail.com</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>37 Brisson Rd</u>		City <u>Bladenboro</u>		State <u>nc</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[Redacted]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>[Redacted]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[Redacted]</u>		Name of Corporation (if appointed legal guardian) <u>[Redacted]</u>			
City <u>[Redacted]</u>	State <u>[Redacted]</u>	Zip Code <u>[Redacted]</u>	Requestor's Phone <u>[Redacted]</u>		Requestor's Email <u>[Redacted]</u>

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OCT 17 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[Redacted]</u>		Fax Number or Email Address <u>[Redacted]</u>	

Signature of Near Relative/Guardian (if applicable)
[Redacted] 10/14/18 X
Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov 6 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLaughlin</u>		First Name <u>Kenneth</u>		Middle Name <u>Lee</u>	Suffix <u>MR</u>	Date of Birth
Home Address (NC Residential Address.) <u>37 Brisson Rd</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>nc</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX-</u>			Voter Registration No. <u>36501</u>	Phone (optional) <u>910 876-7423</u>	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>37 Brisson Rd</u>		City <u>Bladenboro</u>	State <u>nc</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 17 2018

TIME: REC'D BY:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X 10-16-18 X
Date Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on NOV 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BRISSON</u>	First Name <u>Hannie Rose</u>	Middle Name <u>LITTLE</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>142 BRISSON Rd</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number <u>XXXXXXXXXX</u>		<u>000000005784</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>142 BRISSON Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email


RECEIVED
OCT 17 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)
X
 Date _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on NOV 6 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>BRISSON</u>	First Name <u>Edgar</u>	Middle Name <u>William</u>	Suffix <u>[REDACTED]</u>		
Home Address (NC Residential Address.) <u>142 BRISSON RD</u>			Mailing Address (If different than home address.) <u>[REDACTED]</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (If applicable)		
You must provide at least one identification number below. (or see instructions) <small>NC License or ID Number SSN</small> <u>XXX - XX [REDACTED]</u>			Voter Registration No. <u>000051869</u>	Phone (optional)	Email (optional)

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) <u>142 BRISSON RD</u>			City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
<small>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</small>					
Requestor's Name <u>[REDACTED]</u>			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign <u>[REDACTED]</u> <u>X</u>	Signature of Near Relative/Guardian (if applicable) <u>[REDACTED]</u> <u>10-16-18</u> <u>X</u> <small>Date Date</small>
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Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BRISSON</u>	First Name <u>Grady</u>	Middle Name <u>COLE</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>142 BRISSON RD</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladenboro</u>		
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable)		
Voter Identification Number (or see instructions) [REDACTED] XXX - XX - [REDACTED]		Voter Registration No. <u>0000005815</u>	Phone (optional) <u>910 862 4573</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>142 BRISSON RD</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

[REDACTED]

Signature of Near Relative/Guardian (if applicable)

11/14/18
[REDACTED]

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

267 of 2469

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General
Election Type (Primary, General, Municipal, Special, etc.)on NOV 6, 2018
Election Date

Voter Information

Last Name BRISSON	First Name DAWSON	Middle Name Cole	Suffix
Home Address (NC Residential Address.) 61 BRISSON RD		Mailing Address (If different than home address.)	
City Bladenboro	State N.C.	Zip Code 28320	City Bladen
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No. 00000059390	Phone (optional)
SSN X X X - X X -		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 61 BRISSON RD		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Last)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		Name of Corporation (If appointed legal guardian)		
State		Requestor's Phone		
Zip Code		Requestor's Email		

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OCT 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (watermark)

Signature of Near Relative/Guardian (if applicable)

10-16-18
Date

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-18 2:23PM 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-18 2:23PM	15	17	9807

Scan Date/Time: 2018-10-18 2:23PM

Batch Number: 15

Batch Size: 14

Source Code: 17

Batch ID: 9807

Operator: gward

Pos. Request from UPC
Group

10/18/18 GW

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name JOHNSON	First Name RUBY	Middle Name ERLEN	Suffix	Date of Birth
Home Address (NC Residential Address.) 227 ROUND BRANCH RD.		Mailing Address (If different than home address.) 225 Round Branch Road		
City BLADENBORO	State NC	Zip Code 28320	City NC Bladenboro	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X -		Voter Registration No. XXXXXXXXXX		
Phone (optional)		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	Zip Code
<p>RECEIVED OCT 16 2018 TIME REC'D BY BLADEN CO. BO. OF ELECTIONS</p>		
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance making your vote. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," what is the name and address of the hospital or facility:		
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:		
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address	Name of Corporation (If appointed legal guardian)	
City	State	Zip Code
Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

X

Signature of Near Relative/Guardian (if applicable)

X

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DEAVER		First Name DONNIE		Middle Name _____	Suffix _____
Home Address (NC Residential Address.) 1291 ZION HILL CHURCH RD.			Mailing Address (If different than home address.) 1291 Zion Hill Church Rd.		
City BLADENBORO	State NC	Zip Code 28320	City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable) _____		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: XXX - XX - _____			Voter Registration No. 910 Phone (optional) 248-2373 Email (optional) _____		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1291 Zion Hill Church Road		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter: Requestor's Name: Donnie Deaver Requestor's Address: 1291 Zion Hill Church Road City: Bladenboro State: NC Zip Code: 28320 Requestor's Phone: 248-2373				
Name of Corporation (if appointed legal guardian): _____ TIME REC'D BY: _____ BLADEN CO. BD. OF ELECTIONS				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) _____	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address: _____

Sig _____	Signature of Near Relative/Guardian (if applicable) X
Date _____	Date _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

EXHIBIT 12.3.1.2

272-012469



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11 - 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name CALLAHAN	First Name ELEANOR	Middle Name DELANE	Suffix	Date of Birth
Home Address (NC Residential Address.) PO BOX 152		Mailing Address (if different than home address.)		
City CLARKTON	State NC	Zip Code 28433	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: ____/____/____				
You must provide at least one identification number below. (or see instructions) NC license or ID Number X X X - X X		Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO BOX 152		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
<div style="text-align: center;">RECEIVED</div> <div style="text-align: center;">OCT 13 2018</div>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian) BLADEN CO. BD. OF ELECTIONS		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign X Date:	Signature of Near Relative/Guardian (if applicable) X Date:
------------------------	--

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

EXHIBIT 4.2.3.1.2

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State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on 10/6/2018
Election Date

Voter Information

Last Name SINGLETARY		First Name DINAH		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 2137 Spring Branch Rd				Mailing Address (if different than home address.) PO Box 152		
City TAR Heel	State NC	Zip Code 28392	City TAR Heel	State NC	Zip Code 28392	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC license or ID Number X X X - X X			SSN [REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking the ballot. If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		Relationship to voter	
		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature X	Signature of Near Relative/Guardian (if applicable) X
	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on Nov 6, 2018

Election Date

Voter Information

Last Name ANDREWS		First Name SARAH		Middle Name ALICE		Suffix [REDACTED]	
Home Address (NC Residential Address) 2137 Spring Branch Rd				Mailing Address (If different than home address) P.O. Box 152			
City TAR HEEL		State NC		Zip Code 28392		City TAR HEEL	
State NC		Zip Code 28392		County of Residence Bladen		Previous Name (if applicable)	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If "No," indicate the date of your move: <u>1-1</u>							
You must provide at least one identification number below. (or see instructions)				Voter Registration No.			
NC License or ID Number X X X - X X				Phone (optional)			
				Email (optional)			

Absentee Voting Information

RECEIVED

Absentee Mailing Address (Where should the ballot be mailed?)		City		State		Zip Code	
				OCT 17 2018			
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		spouse <input type="checkbox"/>		brother/sister <input type="checkbox"/>		parent <input type="checkbox"/>	
		child <input type="checkbox"/>		grandchild <input type="checkbox"/>		grandparent <input type="checkbox"/>	
		son-in-law <input type="checkbox"/>		daughter-in-law <input type="checkbox"/>		stepchild <input type="checkbox"/>	
						mother-in-law <input type="checkbox"/>	
						father-in-law <input type="checkbox"/>	
						legal guardian <input type="checkbox"/>	
Requestor's Address				Name of Corporation (If appointed legal guardian)			
City		State		Zip Code		Requestor's Phone	
						Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas):	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature

X

only)

Signature of Near Relative/Guardian (if applicable)

X

Elvie M. Bradwell

10/27/18

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

11/06/2018

Election Date

Voter Information

Last Name JESSUP		First Name ROBERT		Middle Name EARL	Suffix	Date of Birth
Home Address (NC Residential Address) 2137 Spring Branch Rd				Mailing Address (if different than home address) PO Box 152		
City TAR HEEL	State NC	Zip Code 28392	City TAR HEEL	State NC	Zip Code 28392	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number XXXX - XX			SSN [REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) [REDACTED]		City [REDACTED]	Zip Code [REDACTED]
<p>If voter is registered as <u>unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <p><input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>			
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>If "Yes," what is the name and address of the hospital or facility: [REDACTED]</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

X

Signature of Near Relative/Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Nov 6/2018
Election Date

Voter Information

Last Name SANTOS	First Name VIRGINIA	Middle Name MARIA	Suffix [REDACTED]
Home Address (NC Residential Address.) 2137 Spring Branch Rd		Mailing Address (if different than home address.) P.O. Box 152	
City TAR Heel	State NC	Zip Code 28382	City TAR Heel
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/			
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

RECEIVED

OCT 17 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Guardian (if applicable)

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____ Election Date
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name LONG	First Name JENNIE	Middle Name ANN	Suffix [REDACTED]
Home Address (NC Residential Address.) 9760 NC 242 HWY. S.		Mailing Address (If different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: _____		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) [REDACTED] XXX - XX - 1111		Voter Registration No. 000000	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 9760 Hwy 242 S.		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	RECEIVED		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> former spouse <input type="checkbox"/> father-in-law	OCT 17 2018		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address [REDACTED]		Name of Corporation (If appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Signature of Near Relative/Guardian (if applicable) [REDACTED]	Date 10.11.18
--	-------------------------

www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
KINDRED	WILLIAM	ALLEN		
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)	
PO BOX 201				
City	State	Zip Code	City	State
WHITE OAK	NC	28399		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)	
			RECEIVED	
			Voter Registration No.	
			Phone (Optional)	
			Email (Optional)	
			TIME REC'D BY	
			BLADEN CO. BO. OF ELECTIONS	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
P.O. BOX 201		WHITE OAK	N.C.	28399
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)
<u>10/14/18</u> X
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name CAIN	First Name EDWARD	Middle Name RAY	Suffix [REDACTED]
Home Address (NC Residential Address.) 11614 NC 242 HWY. S.		Mailing Address (if different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLaden	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
Identification number below: (or see instructions) [REDACTED] SSN X X X - X X - [REDACTED]		Voter Registration No. 2012	Phone (optional) 910 648-4510
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 11614 NC 242 Hwy. South		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address [REDACTED]		Name of Corporation (if appointed) RECEIVED		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

TIME REC'D BY
BLADEN CO. RD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Signature X [REDACTED]	Signature of Near Relative/Guardian (if applicable) X [REDACTED]
Date [REDACTED]	Date [REDACTED]

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P.O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

11-6-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name CAIN		First Name GAIL		Middle Name LEWIS		Suffix [REDACTED]	
Home Address (NC Residential Address.) 11614 NC 242 HWY. S.				Mailing Address (if different than home address.)			
City BLADENBORO		State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLaden		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (or see instructions)				Voter Registration No. 000000000		Phone (optional) 910 648-4510	
[REDACTED] SSN X X X - X X - [REDACTED]							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 11614 NC 242 Hwy South		City Bladenboro		State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		RECEIVED OCT 17 2018	
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	
				Requestor's Email TIME REC'D BY BLADEN CO. BO. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) X	Signature of Near Relative/Guardian (if applicable) X
Date 10-17-18	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name KULP	First Name LOUISE	Middle Name ANN	Suffix [REDACTED]
Home Address (NC Residential Address.) 16 RUSKIN RD.		Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City ELIZABETHTOWN
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX-XX-XXXX		Voter Registration No. 4501	Phone (optional) 910-866-4501
		Email (optional) lkulp@intstar.net	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 16 RUSKIN RD		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepparent	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian) OCT 17 2018			
City	State	Zip Code	Requestor's Phone	Requestor's Email
			BLADEN CO. BO. OF ELECTIONS	TIME REC'D BY

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)
X 10/6/18
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE BY MAIL

282-01-2180



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name PRIDGEN		First Name THOMASINA		Middle Name COVIEGTON	Suffix [REDACTED]
Home Address (NC Residential Address.) 10759 S. COLLEGE ST., APT. 2C				Mailing Address (if different than home address.)	
City CLARKTON	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: _____					
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]	Phone (home, cell, or email, optional) RECEIVED OCT 17 2013	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME	REC'D BY
			BLADEN CO. BDO OF ELECTIONS	Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only) X [REDACTED]	Signature of Near Relative/Guardian (if applicable) 10-9-18 X
Date [REDACTED]	Date [REDACTED]

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.1.2 284 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-17 2:21PM	12	06	9787

Scan Date/Time: 2018-10-17 2:21PM

Batch Number: 12

Batch Size: 17

Source Code: 06

Batch ID: 9787

Operator: vpmckoy



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

Election Date

Voter Information

Last Name CANNON		First Name LINDA		Middle Name A	Suffix	Date of Birth
Home Address (NC Residential Address.) 73 MOBILE RD.				Mailing Address (If different than home address.)		
City CLARKTON	State NC	Zip Code 28433	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Voter Registration No. 000000000		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number: X X X - X X						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 73 MOBILE RD		City CLARKTON	State NC	Zip Code 28433
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	
		Requestor's Email		
		TIME		REC'D BY
		BLADEN CO. BO. OF ELECTIONS		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sig

Signature of Near Relative/Guardian (If applicable)

10-2-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name SINGLETARY		First Name MICHAEL		Middle Name ANDREW	Suffix	Date of Birth
Home Address (NC Residential Address.) 19197 NC 410 HWY.				Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable) RECEIVED	
If "No," indicate the date of your move: <u>1/1</u>			Voter Registration No.		Phone (optional) Email (optional)	
You must provide at least one identification number below. (or see instructions)			TIME		REC'D BY	
XXXXXXXXXX			DATE		BLADEN CO. BD. OF ELECTIONS	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 19197 NC 410 Hwy		City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-10-18 X

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P.O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

Nov. 6 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name HAMILTON		First Name DAISY		Middle Name BELLE		Suffix [REDACTED]	
Home Address (NC Residential Address.) 915 M AND M ST.				Mailing Address (If different than home address.) [REDACTED]			
City ELIZABETHTOWN		State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions) NC license or ID Number X X X - X X - [REDACTED]				Voter Registration No. [REDACTED]		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 915 M+M Street		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if applicable) RECEIVED		
City	State	Zip Code	Requestor's Phone	Requestor's Email

TIME 12:00 PM REC'D BY BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10-7-18

X

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MCKOY	First Name EVA	Middle Name MAE	Suffix [REDACTED]
Home Address (NC Residential Address.) 549 NC 410 HWY., APT. 11C		Mailing Address (if different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/18</u>		County of Residence Bladen	Previous Name (if applicable)
You must provide at least one identification number below. (or NC License or ID Number) SSN [REDACTED] X X X - X X		Voter Registration No. 000000	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?). 549 nc Hwy 410 - apt 11C		City Bladenboro	State nc	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address (First) (Middle) (Last) (Suffix)	Name of Corporation (if appointed by board of directors)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: center;"> RECEIVED OCT 12 2018 TIME REC'D BY BLADEN CO. BO. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sig [REDACTED]	Signature of Near Relative/Guardian (if applicable) 10-9-18 X
	Date

v2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: mid term on Nov 6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information							
Last Name DIAZ		First Name GINA		Middle Name MARIE		Suffix MS	
Home Address (NC Residential Address.) 700 MERCER MILL RD., APT. 4A				Mailing Address (If different than home address.) same			
City ELIZABETHTOWN		State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN		Previous Name (if applicable) Gina M. Atkinson	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No. 30000		Phone (optional) —	
You must provide at least one identification number below. (or see instructions) <small>NC Driver's License or ID Number</small> X X X - X X -				Email (optional) —			

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 700 Mercer Mill Rd Unit 4A		City Elizabeth town	State NC
		Zip Code 28337	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name N/A		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Guardian (If applicable) (Last, first, middle initial)	
City		State	Zip Code
		Requestor's Phone	Requestor's Email
		TIME REC'D BY	TIME REC'D BY
		BLADEN CO. BD. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) N/A	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature X	Signature of Near Relative/Guardian (if applicable) X
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Bladen on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BEST		First Name LIZZIE		Middle Name MAE	Suffix [REDACTED]
Home Address (NC Residential Address.) 2609 OLD NC 20 RD.				Mailing Address (if different than home address.) [REDACTED]	
City SAINT PAULS	State NC	Zip Code 28384	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: X X X - X X			Voter Registration No. [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2609 old N.C 20		City St. Pauls	State N.C	Zip Code 28384
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u> </u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Sig **[REDACTED]** Signature of Near Relative/Guardian (if applicable)
10-5-18 X
Date Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name BAXLEY		First Name HELEN		Middle Name LUCILLE		Suffix [REDACTED]	
Home Address (NC Residential Address.) 565 WILLIAM BURNLEY RD.				Mailing Address (If different than home address.) [REDACTED]			
City TAR HEEL		State NC	Zip Code 28392	City [REDACTED]		State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/							
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X [REDACTED]				Voter Registration No. 9111-866-4-516		Phone (optional) [REDACTED]	
				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 565 William Burnley Road		City Tar Heel	State N.C.	Zip Code 28392
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) X	Date
---	------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 153A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name INGRAM		First Name CHARLES		Middle Name THOMAS	Suffix
Home Address (NC Residential Address.) 34 KILDEE DR.			Mailing Address (if different than home address.)		
City HARRELLS	State NC	Zip Code 28444	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
Identification number below. (or see instructions) SSN X X X - X X -			Voter Registration No. 00111	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation			
City	State	Zip Code	Requestor's Phone	

RECEIVED

OCT 18 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas):

Transmit my ballot by:
 (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
 Fax Number or Email Address

Sign

X

Name of Near Relative/Guardian (if applicable)

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name DEVANE		First Name SUSANNA		Middle Name CATHERINE	Suffix [REDACTED]
Home Address (NC Residential Address.) 2406 CHESTNUT LN.			Mailing Address (If different than home address.) [REDACTED]		
City ELIZABETHTOWN	State NC	Zip Code 28337	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence [REDACTED]		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable) [REDACTED]		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]	Email (optional) [REDACTED]

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 637 N Main St. Apt. 38		City Lillington	State NC
Zip Code 27546			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: [REDACTED]			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address [REDACTED]		Name of Corporation (If appointed legal guardian) [REDACTED]	
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]
		Requestor's Email [REDACTED]	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Signature [REDACTED]	Signature of Near Relative/Guardian (if applicable) X
Date 10/10/18	Date [REDACTED]

v2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/2/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name GAPPINS		First Name KIMBERLY		Middle Name MARIE	Suffix	Date of Birth
Home Address (NC Residential Address.) PO BOX 661				Mailing Address (if different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (for see instructions) NC License or ID Number: XXXXXXXX			Voter Registration No. XXXXXX		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 661		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if applicable) or guardian		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas:)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Sign

X

Signature of Near Relative/Guardian (if applicable)

10/10/18

X

Date

Date

V2012.11

NCsbe.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

11-6-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
JOHNSON	DELORIS	B	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
1075 PLEASANT GROVE CHURCH RD.			
City	State	Zip Code	
BLADENBORO	NC	28320	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN		Email (optional)
	X X X - X X		NA

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
1075 Pleasant Grove Church Rd		Bladenboro	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
	RECEIVED			
City	State	Zip Code	Requestor's Phone	Requestor's Email
				OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sign

Signature of Near Relative/Guardian (if applicable)

Date

Date

1/2013.11

to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Geneva

on 11-6-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
JOHNSON	ALBERT	ERNEST		
Home Address (NC Residential Address.)			Mailing Address (if different than home address.)	
1075 PLEASANT GROVE CHURCH RD.				
City	State	Zip Code	City	State
BLADENBORO	NC	28320		
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: <u>1-1-18</u>			Bladen	
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)
NC License or ID Number <u>X X X - X X</u>				Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
1075 Pleasant Grove Church Rd		Bladenboro	NC	28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
	OCT 15 2018			
City	State	Zip Code	Requestor's Phone	Requestor's Email
				BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Guardian (if applicable)

X

Deloris Johnson

Date

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: mid term on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DEAN	First Name BRENDA	Middle Name COX	Suffix Mrs
Home Address (NC Residential Address.) 8664 CENTER RD.		Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence Bladen	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number: XXX - XX		Voter Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 8664 Center RD.		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if applicable)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 15 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) <u>10-11-18x</u>	Date
---	------

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name PACKER	First Name ETHEL	Middle Name SHAW	Suffix	Date of Birth
Home Address (NC Residential Address.) PO BOX 823			Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX			Voter Registration No. 00000	Phone (optional) 910-874-7408
			Email (optional) esplewis7@gmail.com	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 823		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	

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OCT 15 2010

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X	Signature of Near Relative/Guardian (if applicable) X
	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name WILKINS		First Name JENNIFER		Middle Name HESTER	Suffix [REDACTED]
Home Address (NC Residential Address.) 1586 HORSESHOE RD.			Mailing Address (If different than home address.) [REDACTED]		
City BLADENBORO	State NC	Zip Code 28320	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below, (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
			Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) [REDACTED]	
Date 10/5/18	X
	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

v2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-865-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on 11/06/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name	First Name	Middle Name	Suffix		
WRIGHT	MARIO	ANDRE			
Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
306 EMMA ST.					
City	State	Zip Code	City	State	Zip Code
ELIZABETHTOWN	NC	28337			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Bladen		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number: <u>XXXXXXXX</u>			Phone (optional)		
			Email (optional)		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
306 Emma Street		Elizabethtown	NC
Zip Code		28337	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			RECEIVED OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
<u>[Signature]</u>	<u>X</u>
Date: <u>10/11/18</u>	Date: _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

Duplicate



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HESTER	First Name EDNA	Middle Name GRAY	Suffix Mrs.	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 1586 HORSESHOE RD.		Mailing Address (if different than home address.) [REDACTED]		
City BLADENBORO	State NC	Zip Code 28320	City [REDACTED]	State [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/18		Previous Name (if applicable) [REDACTED]		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN: X X X - X X [REDACTED]		Voter Registration No. [REDACTED]		
		Phone (optional) [REDACTED]		
		Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1586 Horseshoe Rd		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address [REDACTED]	Name of Corporation (if appointed legal guardian) [REDACTED]			
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

RECEIVED

TIME REC'D BY

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Sign

X

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

501: 919-703-56234.2

Request ID: 9-6353 303 of 2469



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name LEACH		First Name MARY		Middle Name EVA	Suffix	Date of Birth
Home Address (NC Residential Address.) 1605 MARTIN LUTHER KING DR				Mailing Address (If different than home address.)		
City ELIZABETHTOWN		State NC	Zip Code 28337	City		State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN		Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - ____				Voter Registration No. 000000013501	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<p> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian </p>		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely</p>	
Current Address (Address where you are currently stationed or living overseas.)	
<p>Transmit my ballot by:</p> <p>(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p> <p>Fax Number or Email Address</p>	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

Exhibit 42-312
BLADEN COUNTY BOARD OF ELECTIONS

304 of 2469

PO BOX 512

ELIZABETHTOWN, NC 28337

Phone: (910) 862-6951 • Fax: (910) 862-7820 • elections@bladenco.org

October 10, 2018

Oct 20
7:00

TO: MARY EVA LEACH
1605 MARTIN LUTHER KING DR
ELIZABETHTOWN, NC 28337

RE: ABSENTEE BALLOT REQUEST
VOTER: MARY EVA LEACH

RECEIVED

OCT 16 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

We received your request for an absentee ballot for the 11/06/2018 GENERAL ELECTION. We are unable to issue absentee voting materials to the voter named above at this time because of the following reason:

ID UPDATE INVALID: PLEASE BRING ID TO OFFICE TO VERIFY DRIVERS LICENSE OR SOCIAL SECURITY CARD.

The NC driver license or state-issued identification number, or the last four digits of your social security number provided on your absentee ballot request form could not be verified or confirmed.

Under state law, you must provide your NC driver license or state-issued identification number, or a copy of one of the following: (1) A current and valid photo identification, or (2) A document that shows the current name and residential address of the voter (e.g. a current utility bill, bank statement, government check, paycheck, or other government document). Please complete and sign the enclosed *State Absentee Ballot Request Form* and return the form to our office no later than 5:00 p.m. on 10/30/2018 - the last Tuesday prior to Election Day.

If you have any questions, you may contact your county board of elections at (910) 862-6951.

**State Absentee Ballot Request Form**

North Carolina
BLADEN COUNTY

BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

General Instructions

A person must be a registered voter in their North Carolina county of residence in order to request an absentee ballot. If not registered to vote in the proper county, a person must submit a voter registration application along with this form. Voter registration applications are available online at www.ncsbe.gov. The deadline to register to vote is 25 days prior to the date of the election.

Completing the Form

The voter's full name, residential address, date of birth and an identification number (see **Proof of Identification** below) must be provided on this form. This information will be used to confirm your voter registration. In addition, this form must be signed by the voter or the voter's near relative or qualified legal guardian.

Who may make a request for an absentee ballot

Either the voter or the voter's near relative or qualified legal guardian may request an absentee ballot. A "near relative" is defined as the voter's spouse, brother, sister, parent, grandparent, child, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, stepparent, or stepchild.

Who may not make a request for an absentee ballot

If a registered voter is a patient in any hospital, clinic, nursing home or rest home in this State, it is unlawful for any owner, manager, director, employee, or other person, other than the voter's near relative or verifiable legal guardian, to request an absentee ballot on behalf of the voter. The voter's county board of elections should be contacted if a voter in a hospital, clinic, nursing home or rest home in this State needs assistance requesting or voting an absentee ballot.

Updating Voter Information

This form may also serve as a voter change form; however, changes in voter registration may only be made by the voter.

Proof of Identification

If the voter's identification number (NC driver license number, NC DMV-issued identification card number, or last four digits of social security number) is not provided, then provide with this request a copy of a document that shows the name and residential address of the voter: a current utility bill, bank statement, government check, paycheck, or other government document.

Ballot Availability

Absentee balloting materials are mailed to voters once ballots for an election are available. For most elections, ballots will be available 50 days prior to the date of the election. Absentee ballots are available 60 days prior to the date of a statewide general election and 30 days prior to the date of a city or municipal election.

Submitting the form

Submit this form to the County Board of Elections no later than 5:00 p.m. on the Tuesday before the date of the election.

Address: Bladen County Board of Elections
Po Box 512
Elizabethtown, NC 28337

Email: elections@bladenco.org

Fax: (910) 862-7820

This form may be mailed, faxed, emailed, or delivered in person. Visit www.ncsbe.gov to check the status of your absentee request.

NORTH CAROLINA DRIVER LICENSE
 NOT FOR FEDERAL IDENTIFICATION
 7592
 OPERATOR EXPIRATION DATE
 09/21/2021
 ID# [REDACTED]
 NAME
 LEACH
 1 EVA HEARTFIELD
 2 1603 MARTIN LUTHER KING DR. S.W.
 3 ELIZABETH TOWN, NC 28337-3323
 4
 5 CLASS C 9a END NONE
 6 REGISTER NONE
 7 SEX F 10 HARS BLK RACE
 11 HEIGHT 5-00
 12 WEIGHT 100
 13 DOB 05/22/2018
 14 [REDACTED]

RECEIVED

OCT 16 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

Request ID: 9-6897

308 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name SYKES		First Name DEWEY		Middle Name HENRY	Suffix
Home Address (NC Residential Address.) 253 BUTTERS CEMETERY RD				Mailing Address (if different than home address.) Same	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide your identification number below. (or see instructions) SSN X X X - X X - [REDACTED]			Voter Registration No. 000000017358	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 253 Butters Cemetery Road		City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter X [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) X [REDACTED]
Date 10-10-18	Date




(IQ LETTER)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

v2013.11

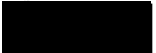

DRIVER LICENSE

King J. Thomas

   **02/28/2021**

SYKES
HENRY DEWEY
 253 BUTTERS CEMETERY RD
 BLADENBORO, NC 28320-6132

SEX: M **HAIR: BRO** **EYES: BRO** **SKIN: BRO**
DOB: 1-23-13-9 **HEIGHT: 5-10"** **WEIGHT: 150 LB**

 **02/01/2017**  **0018299240**

RECEIVED**OCT 15 2017**TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

BLADEN COUNTY BOARD OF ELECTIONS

Exhibit 4 2 3 1 2
PO BOX 512

310 of 2469

ELIZABETH TOWN, NC 28337

Phone: (910) 862-6951 • Fax: (910) 862-7820 • elections@bladenco.org

October 05, 2018

TO: DEWEY HENRY SYKES
253 BUTTERS CEMETERY RD
BLADENBORO, NC 28320

RE: ABSENTEE BALLOT REQUEST
VOTER: DEWEY HENRY SYKES

We received your request for an absentee ballot for the 11/06/2018 GENERAL ELECTION. We are unable to issue absentee voting materials to the voter named above at this time because of the following reason:

ABS ID NOT PROVIDED

Under state law, you must provide your NC driver license or state-issued identification number, or a copy of one of the following: (1) A current and valid photo identification, or (2) A document that shows the current name and residential address of the voter (e.g. a current utility bill, bank statement, government check, paycheck, or other government document).

Please complete and sign the enclosed *State Absentee Ballot Request Form* and return the form to our office no later than 5:00 p.m. on 10/30/2018 - the last Tuesday prior to Election Day.

If you have any questions, you may contact your county board of elections at (910) 862-6951.

RECEIVED

OCT 15 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKenzie</u>		First Name <u>Curtis</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>16218 Twisted Hickory Rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		
NC License or ID Number <u>[REDACTED]</u>		SSN <u>XXX - XX - [REDACTED]</u>	Phone (optional)		Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>OCT 15 2018</u>	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot type: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan <input type="checkbox"/> Libertarian				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
Req	Relative, list your name, address, contact information and relationship to the voter:			
Req	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
City	Name of Corporation (if appointed legal guardian)			
	Code	Requestor's Phone	Requestor's Email	
For	Signed by the voter; may not be signed by a near relative/guardian			
Sele	as voter:			
	by and currently <u>absent</u> from county of residence or an eligible spouse/dependent.			
Curr	Transmit my ballot by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email			
	Fax Number or Email Address			

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-27-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKenzie</u>		First Name <u>Leroy</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>10759 S College St Apt 21</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. Optional	Phone (optional)	Email (optional)
SSN <u>X X X - X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican		<div style="text-align: center;"> RECEIVED OCT 15 2018 REC'D BY BLADEN CO. BO. OF ELECTIONS </div>		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

9-6-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McAllister</u>		First Name <u>Donald</u>		Middle Name <u>M</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>153 B Melvin Lane</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License and Number <u>X X X - X X</u>			Voter Registration No. <u>[REDACTED]</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: OCT 15 2018</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. TIME ASSISTANCE REC'D BY: BLADEN CO. BD. OF ELECTIONS</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
If "Yes," what is the name and address of the hospital or facility:				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter <u>X</u> Date <u>8-30-18</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> Date
--	---



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown


PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Winlaw</u>	First Name <u>Anita</u>	Middle Name <u>C</u>	Suffix 
Home Address (NC Residential Address.) <u>578 Happy Valley Rd</u>		Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X -</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
RECEIVED OCT 15 2018			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference by: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> <u>BLADEN CO. OF ELECTIONS</u> <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>Stuart Neil Murphy</u>			
Requestor's Address <u>3512 NC 242 S</u>			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

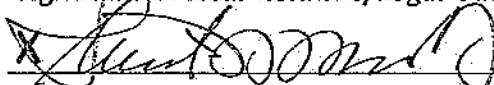
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)



Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

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I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Part	First Name Minnie	Middle Name S	Suffix [REDACTED]
Home Address (NC Residential Address): 1028 Storms Rd		Mailing Address (if different than home address): [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: ___/___/___		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License # or ID Number XX X - XX - [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

RECEIVED

Absentee Voting Information

OCT 15 2018

Absentee Mailing Address (Where should the ballot be mailed?): P.O. Box 578		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Robby Part		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 10456 NC 131		Name of Corporation (if appointed legal guardian)		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X **Robby Part** **9-1-18**

Date

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-17 3:16PM	14	07	9789

Scan Date/Time: 2018-10-17 3:16PM

Batch Number: 14

Batch Size: 4

Source Code: 07

Batch ID: 9789

Operator: vpmckoy



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Astry</u>		First Name <u>Tony</u>		Middle Name <u>Termaine</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>131 Foxcroft</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabeth Town</u>	State <u>N.C</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>131 Foxcroft</u>		City <u>Elizabethtown</u>	State <u>n.c</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> other		
Requestor's Address		Name of Corporation (If applicable)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: center;"> RECEIVED OCT 15 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

<u>X</u> <u>[REDACTED]</u> <u>10/10/18</u> Date	<u>X</u> <u>[REDACTED]</u> <u>[REDACTED]</u> Date
--	--



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Johnson</u>		First Name <u>Dimmie</u>		Middle Name <u>G.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2830 Johnson town Rd.</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX X - XX - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2830 Johnson town Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
X 10/10/18 X
 Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

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I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Johnson</u>		First Name <u>Annie</u>		Middle Name <u>Odele</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>6690 Johnsontown Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional	Phone (optional) <u>910-588-4831</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>10690 Johnsontown Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

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BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address


Signature

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 9/6/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Marsh</u>		First Name <u>Allie</u>		Middle Name <u>McKee</u>	Suffix <div style="background-color: black; width: 100px; height: 20px;"></div>
Home Address (NC Residential Address.) <u>378 McKee Rd</u>			Mailing Address (if different than home address.) <div style="background-color: black; width: 100%; height: 20px;"></div>		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X -</u> <div style="background-color: black; width: 100px; height: 20px;"></div>			Voter Registration No. <small>Optional</small>	Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>22763 Bowen Hall 2811 Thurman Dr</u>		City <u>Raleigh</u>	State <u>NC</u>
Zip Code <u>27607</u>			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> sibling <input type="checkbox"/> brother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if applicable)	
City	State	Zip Code	Requestor's Phone

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)			
Select one of the options below to qualify as a military or overseas voter:			
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.			
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Sign <div style="background-color: black; width: 150px; height: 40px; display: inline-block;"></div>	Signature of Near Relative/Guardian (if applicable) <u>10/12/18</u> X
	Date

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-15 1:23PM 324 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-15 1:23PM	8	17	9758

Scan Date/Time: 2018-10-15 1:23PM

Batch Number: 8

Batch Size: 40

Source Code: 17

Batch ID: 9758

Operator: gward

Abs. Request brought in by
Wanda Munroe - 10/15/18 GA



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladencop.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information			
Last Name <u>Jacobs</u>	First Name <u>Cedric</u>	Middle Name <u>Antwan</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>903 Fox St.</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No.	Phone (optional) <u>(910) 574-6355</u>
		Email (optional)	

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

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For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only) <u>X</u>	Signature of Relative/Near Guardian (if applicable) <u>X</u>
Date <u>10-14-18</u>	Date <u> </u>



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>Wise</u>		First Name <u>Keisha</u>		Middle Name <u>Monica</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>2925 NC HWY 701 N.</u>				Mailing Address (if different than home address.) <u>P.O. Box 2323</u>			
City <u>Elizabethtown</u>		State <u>NE</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>/ /</u>				Voter Registration No.		Phone (optional) <u>910-757-1249</u>	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>SSN: X X X - X X</u>				Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				Requestor's Address			
Requestor's Address				Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address:	

Signature <u>X</u>	Signature of Relative/Near Guardian (if applicable) <u>10-14-18</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wise</u>		First Name <u>Pamela</u>		Middle Name <u>Kayla</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2925 NC HWY 701 N.</u>				Mailing Address (if different than home address.) <u>P.O. Box 2323</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u> SSN <u>[REDACTED]</u>			Voter Registration No.		Phone (optional) <u>(910) 874-1363</u>
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name:		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)
Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (must be signed by voter)

Signature of Relative/Near Guardian (if applicable)

10-14-18

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>YOUNG</u>	First Name <u>THURMAN</u>	Middle Name	Suffix <u>JR</u>
Home Address (NC Residential Address.) <u>155 White Plains Church Rd</u>		Mailing Address (If different than home address.)	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional) <u>910-645-4627</u>
NC License or ID Number	SSN <u>XXX-XX-XXXX</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative or guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (if applicable)	Signature of Relative/Near Guardian (if applicable)
<u>[Signature]</u>	<u>[Signature]</u>
Date	Date
<u>10/14/18*</u>	



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>WILLIS</u>		First Name <u>DERRICK</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>7095 Airport Rd</u>				Mailing Address (if different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>					<u>910 645-2361</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
		Requestor's Phone	Requestor's Email	

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For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian).

Select one of the options below to qualify as a military or overseas voter:		TIME	REC'D BY
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.			
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by:	
		<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Sign	Signature of Relative/Near Guardian (if applicable)
<u>X</u>	<u>10/13/18 X</u>
	Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Riddy</u>		First Name <u>Keyshawn</u>		Middle Name <u>J</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>7663 Airport Rd</u>				Mailing Address (if different than home address.)		
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No.		Phone (optional) <u>910 - 840-5507</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

[REDACTED]	<u>10/14/18</u> X
Date	Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>PEOPLES</u>		First Name <u>LEER</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>294 White Plains Church Rd</u>				Mailing Address (if different than home address.)		
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number		SSN <u>X X X - X X</u>			<u>910 645-4042</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

<u>[Signature]</u>	<u>10/13/18</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>McDonald</u>		First Name <u>Warren</u>		Middle Name <u>K</u>	Suffix <u>[Redacted]</u>
Home Address (NC Residential Address.) <u>43 Troy Wilk Dr.</u>				Mailing Address (if different than home address.) <u>[Redacted]</u>	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No.	Phone (optional) <u>910-834-1411</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 15 2018

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BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X

10-12-2018

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>McBurren</u>		First Name <u>Bernice</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>43 Troy Willis Dr.</u>				Mailing Address (If different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number SSN <u>X X X - X X -</u>				<u>910-844-1111</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (If appointed legal guardian)
		Requestor's Phone	Requestor's Email	

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OCT 15 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Relative/Near Guardian (if applicable)

10-2-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P.O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McCoy</u>		First Name <u>Joyce</u>		Middle Name <u>A</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>26 Red Hill St</u>				Mailing Address (if different than home address.) <u></u>	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>			Voter Registration No. <u></u>	Phone (optional) <u>910-286-1857</u>	Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

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OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

<u>X</u> <u>10/13/18</u> Date	<u>X</u> <u></u> Date
-------------------------------------	-----------------------------



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>LYNN</u>		First Name <u>ZAKI</u>		Middle Name <u>T</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>2584 Lisbon Rd</u>				Mailing Address (if different than home address.) <u>6111 MERCER MILL BRISTOL MARSH RD</u>	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number <u>XXXXXXXX - XXX</u>		SSN <u>[REDACTED]</u>	Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

TIME: _____ REC'D BY: _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

<u>[REDACTED]</u>	<u>10/13/18</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ellison</u>		First Name <u>Caudell</u>		Middle Name	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>47 BACK DR</u>				Mailing Address (if different than home address.)	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No.	Phone (optional)	Email (optional)
SSN <u>X X X - X X</u>			[REDACTED]	<u>910</u> <u>918-3388</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: right;"> RECEIVED OCT 15 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign <u>[REDACTED]</u> <u>10/14/18</u> X Date	Signature of Relative/Near Guardian (if applicable) _____ Date
---	--



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Gertude</u>		Middle Name <u>DAVIS</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1351 Gibson Dairy Road</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions)		Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number	SSN <u>X X X - X X</u>	<u>[REDACTED]</u>		<u>910</u> <u>645-4631</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>MARY COLEMAN</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>1351 Gibson Dairy Rd</u>		Name of Corporation (if appointed legal guardian)			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email	
<div style="text-align: right;"> RECEIVED OCT 15 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>					

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Relative/Near Guardian (if applicable)

X Mary Coleman 10-15-18
Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Blanks</u>		First Name <u>Guy</u>		Middle Name <u>L.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>754 Clyde Hatcher Rd.</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No.	Phone (optional) <u>910</u> <u>465-1109</u>	Email (optional)
SSN <u>X X X - X X - [REDACTED]</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Anita</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>754 Clyde Hatcher Rd</u>		Name of Corporation (If appointed legal guardian)		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	Requestor's Phone	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Date

Signature of Relative/Near Guardian (if applicable)

X Anita Crumpton 10-17-20

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Blanks</u>		First Name <u>Cindy</u>		Middle Name <u>L.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>754 Clyde Hatcher Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No.	Phone (optional) <u>336</u> <u>409-0544</u>	Email (optional)
SSN <u>X X X - X X [REDACTED]</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Anita</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>754 Clyde Hatcher Rd</u>		Name of Corporation (if appointed legal guardian)			
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	Requestor's Phone <u>910</u> <u>645-6129</u>	Requestor's Email	RECEIVED OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladencop.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BARR</u>		First Name <u>Joseph</u>		Middle Name <u>A</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>236 White Plains Church Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>CLARKTON</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX</u> <u>[REDACTED]</u>				Voter Registration No.	Phone (optional) <u>910-991-5692</u>
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig <u>[REDACTED]</u>	Signature of Relative/Near Guardian (if applicable) <u>10/13/18 X</u>
Date <u>[REDACTED]</u>	Date <u>[REDACTED]</u>



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ripley</u>		First Name <u>Matthew</u>		Middle Name <u>T</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>135 White Plains Church Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No.	Phone (optional) <u>910 207-1641</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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TIME REC'D BY
OCT 15 2018
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

<u>[REDACTED]</u>	<u>10/14/18</u> X	Date
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State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jones</u>		First Name <u>Destiny</u>		Middle Name <u>Unique</u>	Suffix <u>Ms</u>
Home Address (NC Residential Address.) <u>47 Back Dr clarkton</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No.	Phone (optional) <u>910 544 0716</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	Signature of Relative/Near Guardian (if applicable) <u>X</u>
Date <u>10/14</u>	Date



State Absentee Ballot Request Form

North Carolina



Bladen County Board of Elections
P.O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Keymon</u>		Middle Name <u>Eliph</u>	Suffix 
Home Address (NC Residential Address.) <u>2584 Lisbon Rd</u>				Mailing Address (If different than home address.) 	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XX X - XX</u>			Voter Registration No.	Phone (optional) <u>910-549-6377</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable) <u>X</u>	Date <u>11/2/18</u>
---	------------------------



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Graham		First Name Bessie B		Middle Name	Suffix
Home Address (NC Residential Address.) 894 Graham				Mailing Address (If different than home address.)	
City Riegelwood	State NC	Zip Code 28456	City	State NC	Zip Code 28456
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable) 910.655-4912		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone 910.655.4912	Requestor's Email OCT 15 2018

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TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsba.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

First Name

Middle Name

Suffix

Date of Birth

Home Address (NC Residential Address.)

Mailing Address (if different than home address.)

City

State

Zip Code

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1/

County of Residence

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☒ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

RECEIVED

OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

10/14/2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsba.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name

First Name

Middle Name

Suffix

Home Address (NC Residential Address.)

Mailing Address (If different than home address.)

City

State

Zip Code

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Non-partisan
If "Yes," what is the name and address of the hospital or facility? ☐ Yes ☐ No

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

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OCT 15 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

10/14/2018

Date

Date



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name MOORE		First Name Tamara		Middle Name LaQuetta		Suffix	Date of Birth
Home Address (NC Residential Address.) 1222 Kennedy Stone Rd				Mailing Address (if different than home address.)			
City Beauregard		State NC	Zip Code 28456	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1				Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX-XX							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone 910-859-3863	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/14/2018 X

Date

Date



STATE OF NORTH CAROLINA
North Carolina

301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Stanley		First Name Aleathia		Middle Name M	Suffix [REDACTED]
Home Address (NC Residential Address.) 107 Blackrock Rd.				Mailing Address (If different than home address.) [REDACTED]	
City Riegelwood	State NC	Zip Code 28456	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. (Optional) [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone 910.655.2483	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or a near relative/guardian. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		<p>RECEIVED NOV 15 2018 TIME 1:15 PM BLADEN CO. BO. OF ELECTIONS</p>	
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X

X

12-14-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Graham		First Name Carol		Middle Name Delphine	Suffix [REDACTED]
Home Address (NC Residential Address): 84 Dickson Rd.				Mailing Address (if different than home address.):	
City Riegelwood	State NC	Zip Code 28456	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN: X X X - X X [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone 910.655.8818	Requestor's Email OCT 15 2018

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TIME: RECD BY:
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

- Select one of the options below to qualify as a military or overseas voter:
- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information							
Last Name Hall		First Name Maggie		Middle Name Graham		Suffix [REDACTED]	
Home Address (NC Residential Address.) 623 Kennystore Rd.				Mailing Address (If different than home address.) [REDACTED]			
City Riegelwood		State NC	Zip Code 28456	City [REDACTED]		State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/							
You must provide at least one identification number below. (or you are ineligible) NC License or ID Number X X X - X X [REDACTED]				Voter Registration No. Optional [REDACTED]		Phone (optional) [REDACTED]	
				Email (optional) [REDACTED]			

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	
		State	
		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		Requestor's Address	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			910.655.5023
		Requestor's Email	

RECEIVED
OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter (voter only)	Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED]	X
Date	Date
10-12-18	



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Hall		First Name Abern		Middle Name Gus	Suffix [REDACTED]
Home Address (NC Residential Address.) 623 Kennedystore Rd				Mailing Address (if different than home address.) [REDACTED]	
City Riegelwood	State NC	Zip Code 28456	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX-XX-XXXX			Voter Registration No. Optional [REDACTED]		Phone (optional) [REDACTED]
			Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone 910.655.5023	Requestor's Email [REDACTED]

RECEIVED

OCT 15 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Signature of Voter (or Requestor) X [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) X [REDACTED]
Date 10-12-18	Date [REDACTED]



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>	First Name <u>Walster</u>	Middle Name <u>—</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>294 Kennedy Store Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City <u>Bladen</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>Ricky A. Graham</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	RECEIVED	
Requestor's Address <u>294 Kennedy Store Rd</u>	<input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (if appointed legal guardian) <u>001 15 2018</u>	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	Requestor's Phone <u>669-2355</u>
		Requestor's Email <u>rgraham rickygraham1@yahoo</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

X
 Date

Signature of Near Relative/Legal Guardian (if applicable)

X Ricky Graham (POA) 10/10/18
 Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address:

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>	First Name <u>LeQuanda</u>	Middle Name <u>Chizze</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>738 Dickson Rd</u>		Mailing Address (If different than home address.)		
City <u>K.egelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional) <u>(910) 655-9578</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910.228.3970</u>	Requestor's Email RECEIVED OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (if applicable)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hudson</u>	First Name <u>Anderea</u>	Middle Name <u>Renea</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>738 Dickson Rd</u>		Mailing Address (If different than home address.)	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC Driver's ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910 655 9878</u>	Requestor's Email <u>OCT 15 2018</u>

RECEIVED

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



Voter Absentee Ballot Request Form
North Carolina

301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MOORE</u>	First Name <u>Barry</u>	Middle Name <u>LIONEL</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>494 Dickson Rd.</u>		Mailing Address (if different than home address.)		
City <u>Riegelwood</u>	State <u>N.C.</u>	Zip Code <u>28456</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX X - XX</u>		Voter Registration No. Options	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910-655-9744</u>	Requestor's Email <u>RECEIVED OCT 15 2018</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

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I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>NEWKIRK</u>	First Name <u>Julius</u>	Middle Name <u>ALLEN</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>409 Hightwood Knot Road</u>		Mailing Address (If different than home address.)		
City <u>Kelly</u>	State <u>N.C.</u>	Zip Code <u>28448</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED]

10-13-18X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
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Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>NEWKIRK</u>		First Name <u>Leona</u>		Middle Name <u>Marie</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>409 Lightwood Knot Road</u>				Mailing Address (if different than home address.)			
City <u>Kelly</u>		State <u>N.C.</u>	Zip Code <u>28448</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC Motorist or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

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OCT 15 2018

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BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

10-13-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>	First Name <u>Shanna</u>	Middle Name <u>Renee</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>36 Dickson Rd.</u>		Mailing Address (If different than home address.)		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		Voter Registration No. Optional		
		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 15 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

10/12/18
Date

X

Date

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

360 of 2469

2018-10-15 12:50PM

Scan Date	Batch Number	Source Code	Batch ID
2018-10-15 12:50PM	7	17	9757

Scan Date/Time: 2018-10-15 12:50PM

Batch Number: 7

Batch Size: 4

Source Code: 17

Batch ID: 9757

Operator: gward

Abs. Request brought in by
Sheila Kinlaw - 10/15/18 GWA



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

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I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Kinlaw</u>		First Name <u>Sheila</u>		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>512 Pine Ridge Circle</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (for see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>512 Pine Ridge Circle</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
X 10-15-18 X
 Date Date

TO: BLADEN COUNTY BOARD OF ELECTIONS



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
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I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wright</u>	First Name <u>Tommy</u>	Middle Name <u>Dwayne</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>64 Barley-Wright Lane Rd</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 601</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St.
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
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I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Edwards	First Name Bobbie	Middle Name Jean	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 104 Pecan Street Apt 3C		Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions.)		Voter Registration No. Optional		
NC License or ID Number X X X - X X - [REDACTED]		Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

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BLADEN CO. BD. OF ELECTIONS

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- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

10-10-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

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I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wright</u>	First Name <u>JANICE</u>	Middle Name <u>Ruth</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>64 BAXLEY + WRIGHT LANE</u>		Mailing Address (If different than home address.) <u>P.O. Box 601</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u> Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC Driver's ID Number <u>XXX - XX [REDACTED]</u>		Voter Registration No. (Optional) [REDACTED]		
		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO BOX 601</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED]	<u>10.12.2018</u> X	Date
		Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-15 12:40PM	6	07	9756

Scan Date/Time: 2018-10-15 12:40PM
Batch Number: 6
Batch Size: 4
Source Code: 07
Batch ID: 9756
Operator: gward

In person abs. Request-
10/12/18 GW



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Priest		First Name Daniel Leon		Middle Name Russell	Suffix III
Home Address (NC Residential Address.) 307 Keith Ave				Mailing Address (If different than home address.) [REDACTED]	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: XXX - XX			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 307 Keith Ave		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

11-6-2018

Voter Information

Last Name <u>Katym</u>	First Name <u>NORMAN</u>	Middle Name <u>LEROY</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>622 Webb FAULK Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC license or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) <u>910 863 3393</u>
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>622 Webb FAULK Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> stepparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> partner-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 12 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Voter Information

GENERAL ELECTION

Election Type (Primary, General, Municipal, Special, etc.)

on **NOVEMBER 5, 2018**
Election Date

Last Name

Rhodie

First Name

John

Middle Name

Henry

Suffix

[REDACTED]

Home Address (NC Residential Address.)

4141 NC Hwy 242 So.

Mailing Address (If different than home address.)

[REDACTED]

City

Elizabethtown

State

NC

Zip Code

28337

City

Elizabethtown

State

NC

Zip Code

28337

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: **1/1/18**

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X [REDACTED]

County of Residence

Bladen

Previous Name (if applicable)

[REDACTED]

Voter Registration No.

[REDACTED]

Phone (optional)

[REDACTED]

Email (optional)

[REDACTED]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

4141 NC Hwy 242 So.

City

Elizabethtown

State

N.C.

Zip Code

28337

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Non-partisan ☒ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

Requestor's Name

Geraldine Rhodie

Requestor's Address

4086 NC Hwy 242 So.

City

Elizabethtown

State

NC

Zip Code

28337

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

☐ spouse

☐ brother/sister

☐ parent

☐ stepparent

☒ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

☐ legal guardian

Name of Corporation (if appointed legal guardian)

[REDACTED]

Requestor's Phone

(910) 941-6386

Requestor's Email

geraldinerhodie@yahoo.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

U.S. citizen residing outside the U.S. temporarily or indefinitely

Permanent Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-12-18
Date

X Geraldine Rhodie



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lesane</u>		First Name <u>Bethany</u>		Middle Name <u>Marie</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>24891 NC Hwy 87 East</u>				Mailing Address (if different than home address.) [Redacted]	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>					
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number	SSN <u>X X X - X X</u>	[Redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian) RECEIVED		
City	State	Zip Code	Requestor's Phone	Requestor's Email OCT 12 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig

Signature of Relative/Near Guardian (if applicable)


10/12/18 X
Date

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-15 11:04AM	4	06	9754

Scan Date/Time: 2018-10-15 11:04AM
Batch Number: 4
Batch Size: 1
Source Code: 06
Batch ID: 9754
Operator: vpmckoy

Email

	State Absentee Ballot Request Form NORTH CAROLINA	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0131 elections.sboe@ncsbe.gov
	I am requesting an absentee ballot for the: <u>General</u> on <u>NOV. 6, 2018</u>	
	Election Type (Primary, General, Municipal, Special, etc.) Election Date	

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on NOV. 6, 2018

Voter Information							
Last Name		First Name		Middle Name		Suffix	
<u>Jacobs</u>		<u>Dianne</u>		<u>Alethea</u>			
Home Address (NC Residential Address)				Mailing Address (if different than home address)			
<u>1548 Porterville Sch. Rd.</u>							
City		State		Zip Code		City	
<u>Clarkton</u>		<u>NC</u>		<u>28433</u>			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
				<u>Bladen</u>			
If "No," indicate the date of your move: <u>1-1-18</u>				Voter Registration No.		Phone (optional)	
You must provide a voter registration number below. (or see instructions)				Optional		Email (optional)	
<u>XXX-XX-XXXX</u>							

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)			
<u>4704 Sanford Arms</u>			
City		State	
<u>Williamsburg</u>		<u>VA</u>	
Zip Code		<u>23188</u>	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		Relationship to the voter:	
		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City		Requestor's Phone	
State		Requestor's Email	
Zip Code			

RECEIVED

OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas):	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable)

10-10-18

X

Date

Date

APLES **copy&printcenter**

374 of 2469

Complimentary Self-Serve Fax Cover Sheet

To: NC State Bd. of Elections
X #: 919-715-0135
Re: Oct. 12, 2018
Number of Pages (including Cover): _____

Exhibit 4.2.3.1.2

From: Diane Jacobs
Phone #: 910-549-9817
Reply Fax #: _____

Urgent ☒ Confidential ☐ Confirm Receipt [_____]

We'll do it right the first time — guaranteed.

Black & white copies • Color copies • Custom printing • Binding • Folding • Wide-format copying • Custom stamps • UPS shipping and more

that was easy

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-12 2:57PM 376 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-12 2:57PM	16	07	9743

Scan Date/Time: 2018-10-12 2:57PM
Batch Number: 16
Batch Size: 3
Source Code: 07
Batch ID: 9743
Operator: gward

Abs. Request - in person
10/12/18 GPW



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smoker</u>		First Name <u>Delores</u>		Middle Name <u>Harris</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1045 S. Horsepen Rd</u>				Mailing Address (If different than home address.)	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>44875</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1045 S. Horsepen Rd</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>Ronald Smoker</u>	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian
Requestor's Address <u>1045 S. Horsepen Rd</u>	Name of Corporation (If appointed legal guardian)
City <u>Harrells</u>	State <u>NC</u>
Zip Code <u>28444</u>	Requestor's Phone
	Requestor's Email

RECEIVED

OCT 12 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X _____ Date _____
X Ronald D. Smoker 10/12/18
 _____ Date _____



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Smoker	Ronald	Dean		
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)		
1045 S. Horsepen Rd				
City	State	Zip Code	City	State
Harrells	NC	28444		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
		44876		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.		
NC License or ID Number		44876		
SSN		Phone (optional)		
XXX - XX - [REDACTED]		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
1045 S. Horsepen Rd		Harrells	NC	28444
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship		
		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 12 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

Sig	Date
[REDACTED]	10/12/18 X

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>FZELL</u>	First Name <u>Tyler</u>	Middle Name <u>JAMES</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2035 Mote Road</u>		Mailing Address (If different than home address.)	
City <u>Harris</u>	State <u>NC</u>	Zip Code <u>28444</u>	City
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. Optional	Phone (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2200 Hillsborough St.</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>27607</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

RECEIVED

OCT 12 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

X

8/6/18

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-12 2:28PM	15	17	9742

Scan Date/Time: 2018-10-12 2:28PM

Batch Number: 15

Batch Size: 13

Source Code: 17

Batch ID: 9742

Operator: gward

Obs. Request brought in
Wanda Monroe-10/12/
GA



North Carolina

Exhibit 4.2.3.1.2

P. O. BOX 512

Elizabethtown, NC 28627 of 2469

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>ANDERSON</u>		First Name <u>MATASHA</u>		Middle Name <u>C</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>300 Hill St</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>			Phone (optional) <u>910 247-6024</u>		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

10/10/18
DateX

Date



North Carolina

Exhibit 4.2.3.1.2

P. O. BOX 512
Elizabethtown, NC 28628 of 2469PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ashe</u>		First Name <u>Balaji</u>		Middle Name <u>IA</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>300 Hill St</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number SSN <u>X X X - X X</u>			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>MAASHA C ANDERSON</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>300 Hill St</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Date

Signature of Relative/Near Guardian (if applicable)

X Matasha C. Anderson10/10/18

Date



North Carolina

Absentee Ballot Request Form
Exhibit 4.2.3.1.2Bladen County Board of Elections
P. O. BOX 512 384 of 2469
Elizabethtown, NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>ANA'YA</u>		Middle Name <u>T</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>2606 Lisbon Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Couneil</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1-1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>				<u>625-6493</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>LA Monique Cromartie</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address <u>2606 Lisbon Rd</u>		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
City <u>Couneil</u>		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
State <u>NC</u>		Zip Code <u>28434</u>		
Name of Corporation (if appointed legal guardian)		Requestor's Phone		
Requestor's Email				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X

X Monique Cromartie

Date

10-10-18
Date



North Carolina

Absentee Ballot Request Form
Exhibit 4.2.3.1.2Bladen County Board of Elections
P. O. BOX 512 385 of 2469
Elizabethtown, NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

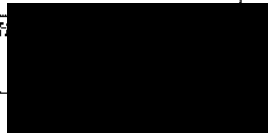
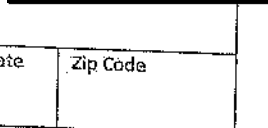
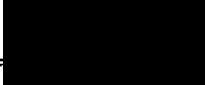
I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information


Last Name <u>Cromartie</u>		First Name <u>CAROLYN</u>		Middle Name <u>G</u>	Suffix 	
Home Address (NC Residential Address.) <u>411 White Oak Rd</u>				Mailing Address (If different than home address): 		
City <u>KELLY</u>	State <u>NC</u>	Zip Code <u>28448</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number: SSN <u>XXX - XX -</u> 					<u>872-3039</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature 	Signature of Relative/Near Guardian (if applicable) <u>10/10/18</u> Date
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I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name: Cromartie		First Name: Jacqueline		Middle Name: Renee		Suffix: [REDACTED]	
Home Address (NC Residential Address): 2606 Lisbon Road				Mailing Address (if different than home address): [REDACTED]			
City: COUNCIL		State: NC	Zip Code: 28434	City: [REDACTED]		State: [REDACTED]	Zip Code: [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence: [REDACTED]		Previous Name (if applicable): [REDACTED]	
If "No," indicate the date of your move: ____/____/____							
You must provide at least one identification number below. (or see instructions) NC License or ID Number: XXX - XX [REDACTED]				Voter Registration No.: [REDACTED]		Phone (optional): 910 604 3249	Email (optional): [REDACTED]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)
Select one of the options below to qualify as eligible:

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email
	Fax Number or Email Address			

Signature of Motorist _____

Signature of Relative/Near Guardian (if applicable)

10/10/18

X

Date _____

Date _____



State Absentee Ballot Request Form
North Carolina
Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 387 of 2469
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CROMARTIE</u>		First Name <u>LA MORRIS</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>2606 Lisbon Rd</u>				Mailing Address (If different than home address.)	
City <u>Coconut</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number <u>XXX - XX</u>		<u>[REDACTED]</u>		<u>910-625-6493</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable) <u>[REDACTED]</u>	Date <u>10/10/18</u>
--	-------------------------



State Absentee Ballot Request Form
North Carolina
Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 388 of 2469
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Lamorris</u>		Middle Name <u>Fatir</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2606 Lisbon Road</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>COUNCIL</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>			County of Residence		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>SSN</u> <u>X X X - X X - [REDACTED]</u>			Previous Name (if applicable)		
			Voter Registration No.		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Jacqueline Renee Cromartie</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>2606 Lisbon Road</u>		Name of Corporation (if appointed legal guardian)		
City <u>COUNCIL</u>	State <u>NC</u>	Zip Code <u>28434</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X

Jacqueline Renee Cromartie

10/10/18

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form
North Carolina
Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 389 of 2469
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-5-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Wilfred</u>		Middle Name <u>T</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>411 White Oak</u> City <u>Kelly,</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
State <u>NC</u>		Zip Code <u>28448</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>		Voter Registration No.		Phone (optional) <u>910-862-7582</u>	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>		Voter Registration No.		Phone (optional) <u>910-862-7582</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>Carolyn G. Cromartie</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
Requestor's Address <u>411 White Oak Rd</u>		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
City <u>Kelly</u>		Name of Corporation (If appointed legal guardian)			
State <u>NC</u>		Zip Code <u>28448</u>		Requestor's Phone <u>910-870-3039</u>	Requestor's Email <u>CarolynCromartie@yahoo.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X _____ Date _____
X Carolyn G. Cromartie _____ Date 10-10-2018

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form
North Carolina
Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 390 of 2469
Elizabethtown, NC 28337
PHONE: 910-862-5951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>FARMER</u>		First Name <u>TYNE</u>		Middle Name <u>D</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>300 Hill St</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>644-3351</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10-10-18 X

Date

Date



State Absentee Ballot Request Form
North Carolina
Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 391 of 2469
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>JONES</u>		First Name <u>Todd</u>		Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>47 BACK DR</u>				Mailing Address (If different than home address.)	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No.	Phone (optional) <u>322-8347</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas:)		Fax Number or Email Address	

S <u>[REDACTED]</u>	Signature of Relative/Near Guardian (if applicable)
<u>10/10/18</u>	Date



State Absentee Ballot Request Form

North Carolina
Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 392 of 2469
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>LEWIS</u>	First Name <u>ANNIE</u>	Middle Name <u>M</u>	Suffix <u></u>	Date of Birth <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>300 Hill St</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u></u>	
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>247-6024</u>
			Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (If appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Sign <u>[REDACTED]</u>	Signature of Relative/Near Guardian (if applicable) <u>10/10/18</u>
Date <u></u>	Date <u></u>

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

P. O. BOX 512

Elizabethtown, NC 28330 of 2469

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Nairobi</u>		Middle Name <u>M</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>300 Hill St</u>				Mailing Address (if different than home address.)			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Voter Registration No.		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX [REDACTED]</u>				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Matasha C. Anderson</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>300 Hill St</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Date

Signature of Relative/Near Guardian (if applicable)

X Matasha C. Anderson10/10/18
DateVisit www.NCSBE.gov to check your voter registration or absentee voting status.



North Carolina

Exhibit 4.2.3.1.2

P. O. BOX 512
Elizabethtown, NC 28624 of 2469
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Willis</u>		First Name <u>Sylvester</u>		Middle Name	Suffix
Home Address (NC Residential Address): <u>73 Troy Willis Dr</u>				Mailing Address (if different than home address):	
City <u>Coum</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/18</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No.	Phone (optional)	Email (optional)
SSN <u>X X X - X X</u>				<u>918-8473</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter <u>X</u>	Signature of Relative/Near Guardian (if applicable) <u>X</u> Date <u>10/10/18</u>
--------------------------------	---

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-12 2:03PM 396 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-12 2:03PM	14	07	9741

Scan Date/Time: 2018-10-12 2:03PM

Batch Number: 14

Batch Size: 3

Source Code: 07

Batch ID: 9741

Operator: gward

Abs. Request - in person
10/12/18 GLW



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 12 2018

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Page</u>		First Name <u>MaliKa</u>		Middle Name <u>Michelle</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address) <u>503 Della Street</u>				Mailing Address (if different than home address) <u>P.O. Box 202</u>			
City <u>Elizabethtown</u>		State <u>N.C.</u>		Zip Code <u>28337</u>		City <u>Elizabethtown</u>	
		State <u>N.C.</u>		Zip Code <u>28337</u>			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)	
NC License or ID Number		SSN <u>X X X - X X [REDACTED]</u>				<u>910 874 0466</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Bladen County Board of Elections</u> <u>P.O. Box 512</u>		City <u>Elizabethtown</u>		State <u>N.C.</u>		Zip Code <u>28337</u>	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.							
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>Betty McDowell McLaughlin</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input checked="" type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input checked="" type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address <u>P.O. Box 202</u>		Name of Corporation (if appointed legal guardian)					
City <u>Elizabethtown</u>		State <u>N.C.</u>		Zip Code <u>28337</u>		Requestor's Phone <u>910-874-0466</u>	
						Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature <u>X</u>	Signature of Relative/Near Guardian (if applicable) <u>Betty M. McLaughlin</u>
Date <u>10-11-18</u>	Date <u>10-11-18</u>



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 12 2018

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Alley</u>		First Name <u>Julia</u>		Middle Name <u>Hester</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>296 Hester Mill Rd</u>				Mailing Address (if different than home address.)			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC ID <u>[REDACTED]</u> SSN <u>XXX-XX-XXXX</u>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>296 Hester Mill Rd</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>Derrick Ray Pait</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>296 Hester Mill Rd</u>		Name of Corporation (if appointed legal guardian)			
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone <u>863-4487</u>	Requestor's Email <u>DPait@RC.RR.com</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Relative/Near Guardian (if applicable)

X

Derrick Ray Pait

10-12-18

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 12 2018

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jatun</u>	First Name <u>Barbara</u>	Middle Name <u>H</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>133 Live Oak method</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number		Voter Registration No.	Phone (optional)
SSN <u>XXX - XX - [REDACTED]</u>			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>133 Live Oak method</u>		City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

Date

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-12 12:42PM	11	07	9738

Scan Date/Time: 2018-10-12 12:42PM

Batch Number: 11

Batch Size: 4

Source Code: 07

Batch ID: 9738

Operator: gward

Abs. Request- in pensu
10/12/18 GW



State Absentee Ballot Request Form

North Carolina

402 of 2469
Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>WARD</u>		First Name <u>William</u>		Middle Name <u>E.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address): <u>1798 NC Hwy 11</u>				Mailing Address (If different than home address): <u>[REDACTED]</u>	
City <u>Kelly</u>	State <u>NC</u>	Zip Code <u>28448</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>/ /</u>					
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Gina P. Ward</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>1798 NC Hwy 11</u>		Name of Corporation (If appointed legal guardian)		
City <u>Kelly</u>	State <u>NC</u>	Zip Code <u>28448</u>	Requestor's Phone <u>910-234-0118</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas):		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X

X Gina P. Ward

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.) on 11-6-2018

Election Date

Voter Information

Last Name

Ward

First Name

Gina

Middle Name

P.

Suffix

Home Address (NC Residential Address.)

1798 NC Hwy 11

Mailing Address (If different than home address.)

City

Kelly

State

NC

Zip Code

28448

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move: 1/1/

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)
elect one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Relative/Near Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

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State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P.O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Price</u>	First Name <u>Cathie</u>	Middle Name <u>Phillips</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>76 Wrexham Pl.</u>		Mailing Address (if different than home address.) <u>Po Box 2213</u>	
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	State <u>NC</u>
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	Zip Code <u>28337</u>
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X [REDACTED]</u>		Voter Registration No.	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Po Box 2213</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			

Requestor's Name				If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email			

RECEIVED

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>and</u> eligible <u>REG BY</u> <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

XX Cathie Price10-12-18

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

405 of 2469
Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Price</u>		First Name <u>Danny</u>		Middle Name <u>Ray</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>76 Wrexham Place</u>				Mailing Address (if different than home address.) <u>PO Box 2213</u>			
City <u>White Lake</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Voter Registration No.		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 2213</u>			City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name <u>Price Cathie Phillips Price</u>			<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>PO Box 2213</u>			Name of Corporation (if appointed legal guardian)			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>862-2181</u>		Requestor's Email <u>cathieprc@yahoo.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> TIME <input type="checkbox"/> FAX <input type="checkbox"/> Email BLADEN CO. BO. OF ELECTIONS	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Relative/Near Guardian (if applicable)

X Cathie Price

10-12-18

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

406 of 2469
TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MCLEAN	First Name CHAKAYLA	Middle Name LATRECE	Suffix
Home Address (NC Residential Address.) 1171 GRAHAM RD		Mailing Address (If different than home address.)	
City RIEGELWOOD	State NC	Zip Code 28456	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence BLADEN	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) SSN X X X - X X -		Voter Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1171 Graham rd	City Riegelwood	State NC	Zip Code 28456
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address City State Zip Code		Name of Corporation (If appointed legal guardian) Requestor's Phone Requestor's Email	

RECEIVED

NOV 12 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
X
Date

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-11 4:21PM
407 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-11 4:21PM	10	17	9726

Scan Date/Time: 2018-10-11 4:21PM

Batch Number: 10

Batch Size: 9

Source Code: 17

Batch ID: 9726

Operator: gward

Abs. Request received
by mail from VPC group -
10/11/18 BW

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on Nov 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BREWINGTON		First Name JAMES		Middle Name MICHAEL	Suffix [REDACTED]
Home Address (NC Residential Address.) 305 E. ELM ST.				Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX			Voter Registration No. 00000	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2915 Confederate Ave.		City Lynchburg	State Va.	Zip Code 24501
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed to the position)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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NOV 1 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter [REDACTED]	Signature of Near Relative/Guardian (if applicable) 10-6-18 X
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name HERRING		First Name DIANE		Middle Name JORDAN	Suffix [REDACTED]
Home Address (NC Residential Address.) PO BOX 111			Mailing Address (If different than home address.) 3060 Hwy. 131		
City WHITE OAK	State NC	Zip Code 28399	City Tar Heel	State NC	Zip Code 28392
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. [REDACTED]		
			Phone (optional) [REDACTED]		
			Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City [REDACTED]		State [REDACTED]	
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>					
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>					
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10-8-18
Date

X
Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

1192191337 NC8W1114205 CVNC

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS		First Name EPHRIAM		Middle Name N	Suffix JR	Date of Birth
Home Address (NC Residential Address.) 137 DAVIS CEMETARY DR.				Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]		Phone (optional)	Email (optional)

RECEIVED
OCT 11 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):		City	TIME	REC'D BY
				BLADEN CO. BO. OF ELECTIONS
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Geraldine O. Davis		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 137 Davis Cemetery RD.		Name of Corporation (if appointed legal guardian)		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone 910-648-3764	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) X Geraldine O. Davis	Date
--	------

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name LASHLEY		First Name JULIA		Middle Name ANN	Suffix	Date of Birth
Home Address (NC Residential Address.) 404 S. ASHE ST.				Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____			Voter Registration No.		Phone (optional) / Email (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: XXX - XX - [REDACTED]			Voter Registration No.		Phone (optional) / Email (optional)	

RECEIVED
OCT 11 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		TIME	REC'D BY
				BLADEN CO.	BOE OF ELECTIONS
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter [REDACTED]	Signature of Near Relative/Guardian (if applicable) X
Date 10/7/18	Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: County Commissioner Re-Elect on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name JOHNSON		First Name DONTA		Middle Name DELXSEAN	Suffix
Home Address (NC Residential Address.) 61 PEARLINE DR.			Mailing Address (if different than home address.) 606 East Broad Street		
City KELLY	State NC	Zip Code 28448	City Elizabeth Town	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 7-27-18			Previous Name (if applicable) None		
You must provide at least one identification number below: (or see instructions) NC License or ID Number XXX-XX-XXXX			Voter Registration No. 00000	Phone (optional) 910-705-5759	Email (optional) None

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City RECEIVED	State NC
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		TIME REC'D BY OCT 11 2018 BLADEN CO. BD. OF ELECTIONS	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name Trace D. Morrison		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address 606 East Broad Street		Name of Corporation (if appointed legal guardian)	
City Elizabeth Town	State NC	Zip Code 28337	Requestor's Phone 910-705-5759
		Requestor's Email None	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X	Signature of Near Relative/Guardian (if applicable) X Trace Morrison wife
Date 10-8-18	Date 10-8-18

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6, 2013
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MERRITT		First Name FLOYD		Middle Name LEE	Suffix	Date of Birth
Home Address (NC Residential Address.) 81 SWEET HOME CHURCH RD.				Mailing Address (if different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337		City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX - [REDACTED]				Voter Registration No. 000000000	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 81 Sweet Home Church Rd		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if applicable)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 11 2013
TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) X	Date
---	------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HILBURN		First Name HORACE		Middle Name EDWARD	Suffix [REDACTED]
Home Address (NC Residential Address.) 439 PARNELL MCLEAN DR.				Mailing Address (if different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
Identification number below. (or see instructions) [REDACTED] SSN X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]		
			Phone (optional) [REDACTED]		
			Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 439 Parnell-McLean Drive		City Bladenboro	State N.C.	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	

RECEIVED
NOV 6 2018
STATE BOARD OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X [REDACTED]

Signature of Near Relative/Guardian (if applicable)

X

10-8-18
Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name BRYAN	First Name TIMOTHY	Middle Name ADAM	Suffix	Date of Birth
Home Address (NC Residential Address.) 190 J HILL ACRES RD.		Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X		Voter Registration No. 12345	Phone (optional)	Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above	City Bladen	State NC	Zip Code 28320
<p>TIME OCT 11 2018 REC'D BY BLADEN CO. BD. OF ELECTIONS</p> <p>If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p> <p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p> <p>Requestor's Name: _____</p> <p>Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian</p>			
Requestor's Address: _____		Name of Corporation (if appointed legal guardian): _____	
City: _____	State: _____	Zip Code: _____	Requestor's Phone: _____
		Requestor's Email: _____	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.</p>	
Current Address (Address where you are currently stationed or living overseas.)	<p>Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p> <p>Fax Number or Email Address: _____</p>

<p>Signature of Voter: <u>[Signature]</u></p>	<p>Signature of Near Relative/Guardian (if applicable): <u>X</u></p> <p>Date: <u>10/8/18</u></p>
---	--

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name ELLIS	First Name CAROLYN	Middle Name JACKSON	Suffix	Date of Birth	
Home Address (NC Residential Address.) PO BOX 1513			Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below: (or see instructions) SSN: XXX - XX - XXX			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 1513		City Bladenboro	State N.C.
Zip Code 28320			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild
			<input type="checkbox"/> mother-in-law
			<input type="checkbox"/> stepparent
			<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

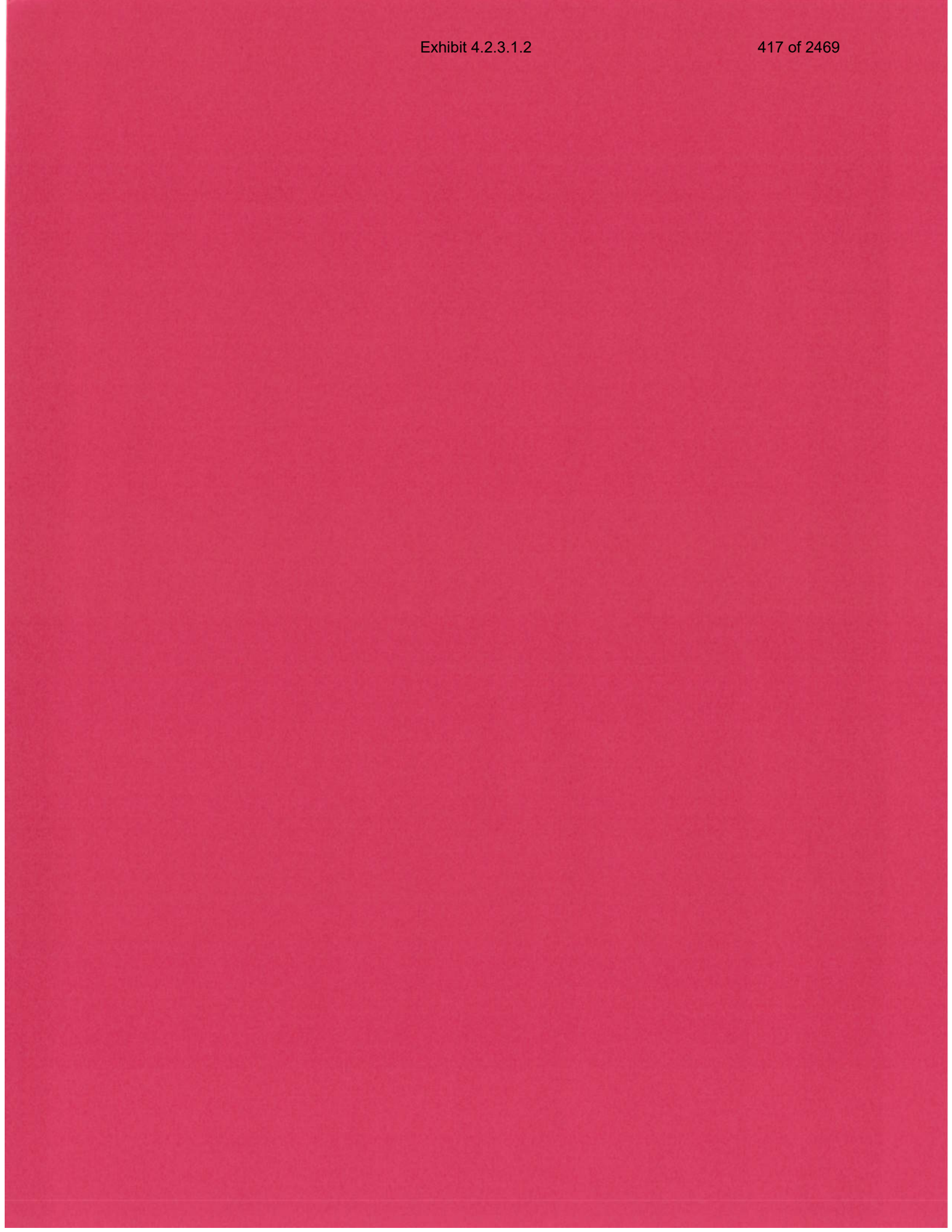
RECEIVED
OCT 11 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature X	Signature of Near Relative/Guardian (if applicable) X
Date	Date

SEE REVERSE FOR ADDITIONAL INFORMATION



Scan Date	Batch Number	Exhibit 4.2.3.1.2 Source Code	418 of 2469 Batch ID
2018-10-11 4:25PM	11	06	9727

Scan Date/Time: 2018-10-11 4:25PM
Batch Number: 11
Batch Size: 5
Source Code: 06
Batch ID: 9727
Operator: gward

Abs. Request by mail-
10/11/18 GW



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-06-14
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Milczakowski</u>		First Name <u>Sally</u>		Middle Name <u>Ivey</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>3697 Owen Hill Road</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one of the following: SSN <u>XXX-XX-XXXX</u>			TIME REC'D BY <u>PLADEN CO. BO. OF ELECTIONS</u>		
Voter Registration No.			Phone (optional) <u>866-4746</u>		Email (optional)

RECEIVED
OCT 11 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>3697 Owen Hill Road</u>				City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
X Thomas M. [Signature] 10-09-18
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Date

Voter Information

Election Type (Primary, General, Municipal, Special, etc.)

Last Name

Mote

First Name

Elmer

Middle Name

E.

Suffix

Home Address (NC Residential Address.)

1004 Storms Road

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No. Optional

County of Residence

Bladen

Previous Name (If applicable)

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Phone (optional)

Email (optional)

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

1004 Storms Road

City

Bladenboro

State

NC

Zip Code

28320

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name:

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

10-6-18 X

Date

Date



Exhibit 4.2.3.1.2

421 of 2469

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S-Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 542
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Mote

First Name

Elm Linda

Middle Name

H

Suffix

Home Address (NC Residential Address.)

1004 Storms Road

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Name (if applicable)

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OCT 11 2018

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

BLADEN CO. BO. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

1004 Storms Road

City

Bladenboro

State

NC

Zip Code

28320

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ LibertarianIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No
If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/6/2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0111

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gillespie</u>		First Name <u>Cynthia</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>2170 Mercer Mill Brown Rd</u>				Mailing Address (If different than home address.) <u>1012 Plymouth Dr</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>New Bern</u>	State <u>NC</u>	Zip Code <u>28562</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) SSN <u>XXX - XX - XXX</u>			Voter Registration No. <u>Options</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		TIME <u>OCT 1 2018</u> REC'D BY <u>BLADEN CO. BD. OF ELECTIONS</u>		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

<u>[Signature]</u> Date <u>10-8-18</u>	<u>X</u> Date
---	------------------



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 6 Nov. 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name	First Name	Middle Name	Suffix	Date of Birth	
Milczakowski	Thomas	Ray			
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
3697 Owen Hill Road					
City	State	Zip Code	City	State	Zip Code
Elizabethtown	NC	28337			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
			OCT 11 2018		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number			Phone (optional)		
SSN			Bladen Co. Bd. of Elections		
X X X - X X -					

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
3697 Owen Hill Road		Elizabethtown	NC
Zip Code		28337	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

S	Signature of Near Relative/Legal Guardian (if applicable)	
	X Sally L. Milczakowski	10-06-18
		Date

Voter Registration Application

Are you a citizen of the United States of America? ☐ Yes ☐ No
 Will you be 18 years old on or before election day? ☐ Yes ☐ No
 If you checked "No" in response to either of these questions, do not complete form.
 (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)

This space for office use only.

1 ☐ Mr. ☐ Miss Last Name **GRAHAM** First Name **MATTHEW** Middle Name(s) **A**
☐ Mrs. ☐ Ms.

2 Home Address **1112 HORSESHOE RD.** Apt. or Lot # City/Town **BLADENBORO** State **NC** Zip Code **28320**
 Address Where You Get Your Mail If Different From Above City/Town State Zip Code

3 Date of Birth Telephone Number (optional) ID Number - (See item 6 in the instructions for your State)

4 **Please Remove from lists.**

7 Choice of Party (See item 7 in the instructions for your State) 8 Race or Ethnic Group (See item 8 in the instructions for your State) 6 **It OPENS old wounds over again - our sons are gone (dead) died**

9 I have reviewed my state's instructions and I swear/affirm that:
☒ I am a United States citizen
☒ I meet the eligibility requirements of my state and subscribe to any oath required.
☒ The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.

Please sign (full name) (optional) Date: **7-23-11**
 Month Day Year

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

Please fill out the sections below if they apply to you.

If this application is for a change of name, what was your name before you changed it?

A ☐ Mr. ☐ Miss Last Name First Name **Thank you,** Middle Name(s) ☐ Jr ☐ II ☐ Sr ☐ III ☐ IV

If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

B Street (or route and box number) Apt. or Lot # City/Town/County State Zip Code
Sign,

If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C Write in the names of the crossroads (or streets) nearest to where you live.
 Draw an X to show where you live.
 Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.

Example
 Public School ●
 Route #2
 ● Grocery Store
 Woodchuck Road
 X

NORTH ↑
Donna Mathew's Mother

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

D

459832 NC8R0203094 CNCNC

File

Page
Not Sent

OK

E. 2) Busy
E. 4) No facsimile connection

202-659-9585

Are you a citizen of the United States of America?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		This space for officer use only.	
Will you be 18 years of age or below election day?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If you checked "No" I am providing you a limited number of questions and do not complete them.					
If you have state specific instructions for this election, please refer to the following registration packet on page 1A.					
1	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> DR. <input type="checkbox"/> MRS. <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> DR.	Last Name	First Name	Middle Name(s)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	GRAHAM		MATTHEW	A	
2	Home Address		Apt. or Lot #	City/Town	State Zip Code
	11112 HORSESHOE RD.			BLADENBORO NC	28320
3	Address Where You Get Your Mail If Different From Above		City/Town	State	Zip Code
4	Date of Birth	Telephone Number (optional)	ID Number - Check date in instructions for your State		
	11/11/1981		from lists.		
5	Check of Party	Register to Vote	6		
	None	Yes	7		
7	Check of Party	Register to Vote	8		
	None	Yes	9		
I have reviewed my state's instructions and I swear/affirm that:					
1. I am a United States citizen.					
2. I meet the eligibility requirements of my state to be submitted to any cash required.					
3. The information I have provided is true to the best of my knowledge and under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported or removed or sent to the United States.					
Signature: _____ Date: _____					
Month: _____ Day: _____					

If you are registering to vote for the first time, please refer to the application instructions for information on submitting copies of valid identification documents with this form.

Please fill out the sections below if they apply to you.

If this application is for a change of name, what was your name before you changed it?

A	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mx. Last Name	First Name	Middle Name(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
If you receive neighborhood busfare, list this as the first time you are enrolling. Enter the address in B-3, what was your address when you were registered before?				
B	Street (for route and bus number)	Apt. or Lot #	City/Town/Country	State Zip Code
If you live in a rural area and do not have a street number, or if you have no address, please draw on the map below.				
Write in the names of the crossroads for street names to which you live. Draw an X to show where you live. Use dots to show any street, street, or other landmarks. Label where you live, and write the name of the landmark.				
C	Bus route _____ _____ Public School # _____	Route # _____ _____ _____	_____ _____ _____	_____ _____ _____

If the applicant is unable to sign, who helped you complete this application? Give name, address and phone number (phone number optional).

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-11 2:39PM ^{428 of 2469}

Scan Date	Batch Number	Source Code	Batch ID
2018-10-11 2:39PM	9	07	9725

Scan Date/Time: 2018-10-11 2:39PM

Batch Number: 9

Batch Size: 1

Source Code: 07

Batch ID: 9725

Operator: gward

Abs. Request - in person

10/11/18 GW



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Personal Information

Name		First Name	Middle Name	Suffix
Williams		Divign	D	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)		
31 White Oak Rd		41-2597th #14K		
City	State	Zip Code	City	State
Elly	NC	28448	Rego Park	NY
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
"No," indicate the date of your move: <u>1/1/18</u>		Bladen		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.		
IC License or ID Number: <u>XXX-XX-XXXX</u>		910-874-3861		
		Phone (optional)		
		Email (optional)		
		Previous Name (if applicable)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Requestor's Phone		
City	State	Zip Code	Requestor's Phone	
		Name of Corporation (if appointed legal guardian)		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:		Transmit my ballot by:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.		<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Fax Number or Email Address	
Current Address (Address where you are currently stationed or living overseas.)			

Signature of Relative/Near Guardian (if applicable)

Signature of Voter (voter only)

10/11/18 X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

2018-10-11 12:37PM

431 of 2469

Exhibit 4.2.3.1.2

Scan Date	Batch Number	Source Code	Batch ID
2018-10-11 12:37PM	8	17	9724

Scan Date/Time: 2018-10-11 12:37PM

Batch Number: 8

Batch Size: 19

Source Code: 17

Batch ID: 9724

Operator: gward

Abs. Request from Reg.
Drive ~~10/11/18~~ - 10/11/18 - GPW



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary, General, Municipal, Special, etc. on November 6, 2018
Election Type Election Date

Voter Information					
Last Name	First Name	Middle Name	Suffix	Date of Birth	
LEWIS	DORIS	ANN BRITT			
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
8853 BURNEY RD.					
City	State	Zip Code	City	State	Zip Code
WHITE OAK	NC	28399			
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number			Phone (optional)		
SSN			Email (optional)		
X X X - X X - [REDACTED]					

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
			Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: _____			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)	Date
X [REDACTED]	10-8-18 X

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

ON

Election Date

Voter Information

Last Name THOMPSON		First Name MILLIE		Middle Name A	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) 12948 NC 131 HWY.				Mailing Address (if different than home address) P.O. Box 1141		
City BLADENBORO	State NC	Zip Code 28320	City Bladenboro	State N.C.	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1						
You must provide at least one identification number below. (or see instructions) NC license or ID Number X X X - X X			Voter Registration No. 10-874-5010		Phone (optional) N/A	
			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City P.O. Box 1141	State N.C.	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: center;"> RECEIVED OCT 11 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services of Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Guardian (if applicable)

10-8-18 X

Date

Date

v2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

2018 General
Election Type (Primary, General, Municipal, Special, etc.)

on

11-6-2018
Election Date

Voter Information

Last Name HARGROVE		First Name LINDA		Middle Name PAIT	Suffix [REDACTED]
Home Address (NC Residential Address.) 1915 FORREST DR.				Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1915 Forrest Dr.		City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepfather <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if an affiliated legal person)		
City	State	Zip Code	Requestor's Phone (IME) REC'D BY BLADEN CO. BD. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign X	Signature of Near Relative/Guardian (if applicable) 10-4-18 X
Date	Date

v2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

11/6/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name ROZIER		First Name ROOSEVELT		Middle Name	Suffix
Home Address (NC Residential Address.) 5944 CHICKENFOOT RD.				Mailing Address (if different than home address.)	
City SAINT PAULS	State NC	Zip Code 28384	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/18			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X			Voter Registration No. 30019	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 5944 Chickenfoot Road		City St. Pauls	State NC	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if applicable)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 11 2018
TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Si

Signature of Near Relative/Guardian (if applicable)

10/6/2018 X
Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name BUTLER	First Name ALVIN	Middle Name N	Suffix	Date of Birth
Home Address (NC Residential Address.) 1857 NC 410 HWY.		Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: / /				
Identification number below, (or see instructions) SSN X X X - X X -		Voter Registration No. XXXXXX	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
<p>RECEIVED OCT 11 2018 TIME REC'D BY BLADEN CO. BO. OF ELECTIONS</p>				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) Date 10-01-18	X
---	---



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-06-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name WILKINS		First Name KENNETH		Middle Name G	Suffix SR
Home Address (NC Residential Address.) 1755 BERRY LEWIS RD.				Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u> / / </u>				OCT 11 2018	
You must provide at least one identification number below. (or see instructions) NC License or [REDACTED] SSN X X X - X X - T T T T			Voter Registration No. 201813	Phone (optional) TIME	Email (optional) REC'D BY
				BLADEN CO. BO. OF ELECTIONS	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1755 BERRY LEWIS RD.		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X	Signature of Near Relative/Guardian (if applicable) 10-05-2018 X
Date	Date

V2013.11

visit www.ncsbe.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name REESE	First Name SANDRA	Middle Name PAGE	Suffix [REDACTED]
Home Address (NC Residential Address.) 5944 CHICKENFOOT RD.		Mailing Address (If different than home address.) [REDACTED]	
City SAINT PAULS	State NC	Zip Code 28384	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/18</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number: X X X - X X - [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 5944 Chickenfoot Road		City St. Pauls	State NC	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address [REDACTED]	Name of Corporation (If appointed legal guardian) [REDACTED]			
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

X

Signature of Near Relative/Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name BRIDGER	First Name DEWEY	Middle Name H	Suffix JR
Home Address (NC Residential Address.) PO BOX 37		Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X -		Voter Registration No. 2002	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City Bladenboro	State N.C.	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 11 2018

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Sign

X

Signature of Near Relative/Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P.O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General Election on 11-6-18
 Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HESTER	First Name LINDA	Middle Name T	Suffix [REDACTED]
Home Address (NC Residential Address.) PO BOX 817		Mailing Address (If different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1-1</u>			
You must provide at least one identification number below. (or see NC License or ID Number)		or Registration No.	Phone (optional)
SSN X X X - X X - [REDACTED]		2018	910-863-3743

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Linda T Hester		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> sibling	<input type="checkbox"/> stepparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
				REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) 10-3-18

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

441 of 2469



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Voter Information

Last Name YARBROUGH		First Name BRENDA		Middle Name SMITH		Suffix [REDACTED]	
Home Address (NC Residential Address.) 78 J HILL ACRES RD.				Mailing Address (if different than home address.) [REDACTED]			
City BLADENBORO		State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/11				Voter Registration No. 7-2-2		Phone (optional) Email (optional)	
Social Security Number [REDACTED]				Voter Identification number below: (or see instructions) XXX - XX - [REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 78 J. Hill Acres RD		City Bladenboro		State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Non-partisan <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		Requestor's Address		Name of Corporation (if appointed legal guardian)	
City		State	Zip Code	Requestor's Phone	
Relationship to voter:		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> legal guardian			

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OCT 11 2018

REQUESTED BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)
X

Date
10-5-18

Go to ncsbe.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections@sboe.ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HARGROVE		First Name JAMES		Middle Name DEROTHA	Suffix [REDACTED]
Home Address (NC Residential Address.) 1915 FORREST DR.			Mailing Address (if different than home address.) [REDACTED]		
City BLADENBORO	State NC	Zip Code 28320	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: XXX - XX			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) JAMES Derrotha Hargrove		City Bladenboro	State N.C.	Zip Code 28321
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> sibling <input type="checkbox"/> son-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email REC'D BY BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-4-18
Date

X

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE BY MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections,sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.) on

Election Date

Voter Information

Last Name BUTLER		First Name MARY		Middle Name A	Suffix	Date of Birth
Home Address (NC Residential Address.) 1857 NC 410 HWY.				Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: / /			Voter Registration No. 000000		Phone (optional)	Email (optional)
You must provide at least one identity NC License or ID Number						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City
<p>If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian</p>		
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot.</p> <p>TIME _____ REC'D BY _____</p> <p>BLADENCO. BO. OF ELECTIONS</p>		
<p>If "Yes," what is the name and address of the hospital or facility:</p>		
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>		
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian
Requestor's Address		Name of Corporation (if appointed legal guardian)
City	State	Zip Code
Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely</p>	
Current Address (Address where you are currently stationed or living overseas.)	<p>Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p> <p>Fax Number or Email Address</p>

Signature of Near Relative/Guardian (if applicable)

01-18
Date

X

Date

v2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sbee@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name BRIDGER		First Name AUDREY		Middle Name C	Suffix [REDACTED]
Home Address (NC Residential Address.) PO BOX 37				Mailing Address (If different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number below; (or see instructions) NC License or ID Number XXX - XX			Voter Registration No. [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian		Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance marking your ballot. If "Yes," what is the name and address of the hospital or facility: BLADEN CO. BD. OF ELECTIONS			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: [REDACTED] Requestor's Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Requestor's Phone: [REDACTED] Requestor's Email: [REDACTED]			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

X

Signature of Near Relative/Guardian (if applicable)

X

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name COUNCIL		First Name ARCHIE		Middle Name LEE	Suffix SR
Home Address (NC Residential Address.) 6496 RIVER RD.				Mailing Address (If different than home address.)	
City WHITE OAK	State NC	Zip Code 28399	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/					
You must provide at least one identification number below. (or see instructions) NC license or ID Number: XXX - X			Voter Registration No. 910544	Phone (optional) 5265	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 11 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (or near relative/guardian)

Signature of Near Relative/Guardian (if applicable)

10-04-18
Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name OWENS	First Name CHARLES	Middle Name TOMMIE	Suffix [REDACTED]
Home Address (NC Residential Address.) 134 OLD ABBOTTSBURG RD.		Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/17</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number XX X - XX		Voter Registration No. 648-2679	Phone (optional) 648-2679

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 134 Old Abbottsburg Rd.		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 11 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature [REDACTED]	Signature of Near Relative/Guardian (if applicable) 10-1-18 X
Date [REDACTED]	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 153A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
OWENS	JEANETTE	S		
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)	
134 OLD ABBOTTSBURG RD.				
City	State	Zip Code	City	State Zip Code
BLADENBORO	NC	28320		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: <u>1/1</u>			Bladen	
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)
NC License or ID Number				648-2679
X X X - X X				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
134 Old Abbottsburg Rd.		Bladenboro	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> stepparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
	OCT 11 2018			
City	State	Zip Code	Requestor's Phone	Requestor's Email
				REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent:	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address:

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
Date	Date
10-1-18	X

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information						
Last Name BETHEA		First Name RAMONA		Middle Name TANN	Suffix [REDACTED]	
Home Address (NC Residential Address.) 6365 NC 211 HWY. W.				Mailing Address (if different than home address.)		
City BLADENBORO		State NC	Zip Code 28320	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions) NC license or ID Number [REDACTED]				Voter Registration No. [REDACTED]		
				Phone (optional)		Email (optional)

Absentee Voting Information				
Absentee Mailing Address (Where should the ballot be mailed?) 6365 NC 211 West			City Bladenboro	State NC
			Zip Code 28320	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed less than 1 year)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
			TIME _____ REC'D BY _____ BLADEN COUNTY BOARD OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) _____
 Date 10/6/18 _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

Scan Date	Batch Number	Source Code	Batch ID
2018-10-11 11:06AM	7	07	9723

Scan Date/Time: 2018-10-11 11:06AM

Batch Number: 7

Batch Size: 6

Source Code: 07

Batch ID: 9723

Operator: gward

Imperson - 10/10/18 GAW



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bobbey</u>		First Name <u>Kara</u>		Middle Name <u>Susanne</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>12351 NC HWY 53 W</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28389</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>SSN</u> <u>X X X - X X [REDACTED]</u>			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>380 Oasis Way Apt 157F</u>		City <u>Lynchburg</u>	State <u>VA</u>	Zip Code <u>24562</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Heather S. Bobbey</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>12351 NC HWY 53 W</u>		Name of Corporation (if appointed legal guardian)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28389</u>	Requestor's Phone <u>350-9322</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED
OCT 11 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X

X Heather Bobbey

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bobbey</u>		First Name <u>Luke</u>		Middle Name <u>Anderson</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>12351 NC HWY 53 W</u>				Mailing Address (if different than home address.)			
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No.		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number				SSN <u>X X X - X X [REDACTED]</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Liberty University, MSC Box 146654</u> <u>1971 University Blvd.</u>		City <u>Lynchburg</u>		State <u>VA</u>	Zip Code <u>24515</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Heather S. Bobbey</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>12351 NC HWY 53 W</u>		Name of Corporation (if appointed legal guardian)			
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	Requestor's Phone <u>850-9322</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED

OCT 11 2018

TIME REC'D BY:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Date

Signature of Relative/Near Guardian (if applicable)

X Heather S. Bobbey

10/11/18

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lacewell</u>		First Name <u>Radrick</u>		Middle Name <u>De'Shawn</u>	Suffix
Home Address (NC Residential Address.) <u>490 Mooretown Rd</u>				Mailing Address (If different than home address.)	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			TIME	REC'D BY	
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Bladen County ID # (optional)	
NC License or ID Number <u>X X X - X</u>			Option # <u>Bladen</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>490 Mooretown Rd</u>		City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sig: [Signature] Signature of Near Relative/Legal Guardian (if applicable)
8-12-18 Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address:

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address:

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on Nov 2018

Election Date

Voter Information

Last Name

MERRITT

First Name

Diane

Middle Name

H

Suffix

Home Address (NC Residential Address.)

99 Triple Ln

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

RECEIVED

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Bladen (If applicable)If "No," indicate the date of your move: 1/1

TIME

REC'D BY

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

XXX - XX

Voter Registration No.

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

99 Triple Ln

City

Bladenboro

State

NC

Zip Code

28320If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☒ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (Voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 455 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>PAIT</u>	First Name <u>LISA</u>	Middle Name <u>RAY</u>	Suffix	Date of Birth
Home Address (NC Residential Address) <u>587 LYON LANDING</u>		Mailing Address (if different than home address.)		
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (NC License or ID Number)		Voter Registration No. Optional	Phone (optional)	Email (optional)
<u>X X X - X X</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 232</u>		City <u>DUBLIN</u>	State <u>N.C.</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>and</u> <u>not</u> in the U.S. <u>and</u> <u>not</u> a dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		RECEIVED OCT 10 2018 Bladen Co. Bd. of Elections
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address: TIME: REC'D BY:	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

10-9-18

Date

X

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-11 9:24AM	5	17	9721

Exhibit 4.2.3.1.2

457 of 2469

Scan Date/Time: 2018-10-11 9:24AM
Batch Number: 5
Batch Size: 8
Source Code: 17
Batch ID: 9721
Operator: gward

Abs. Request brought in by
Angelina Powell - 10/10/18 @



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

458 of 2469

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDowell</u>	First Name <u>Tonya</u>	Middle Name <u>D</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1202 Daisy St</u>		Mailing Address (if different than home address.) <u>PO Box 1372</u>	
City <u>E' TOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>E' TOWN</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX X - XX - [REDACTED]</u>		Voter Registration No. <u>910316-9795</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1372</u>	City <u>E' TOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			

Requestor's Name				If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
				<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
				<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
				<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address				Name of Corporation (if applicable)			
City	State	Zip Code	Requestor's Phone	Requestor's Email			
				TIME REC'D BY			
				BLADEN CO. BO. OF ELECTIONS			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable) <u>10-10-2018</u>	Date
--	------



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladen.org

RECEIVED

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on OCT 10 2018 TIME REC'D BY
Election Type (Primary, General, Municipal, Special, etc.) on BLADEN BOARD OF ELECTIONS
Election Date

Voter Information

Last Name <u>Kelly</u>	First Name <u>Lillie</u>	Middle Name <u>F</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>1202 Daisy St</u>		Mailing Address (If different than home address.) <u>PO Box 1372</u>	
City <u>ETOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>ETOWN</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX X - XX</u>		Voter Registration No. <u>910-316-9795</u>	Phone (optional) <u>910-316-9795</u>
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1372</u>		City <u>ETOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Tonya D. McDowell</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>PO Box 1372</u>		Name of Corporation (if appointed legal guardian)		
City <u>ETOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-316-9795</u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X

X Tonya McDowell 10-10-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

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NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Rivers-Williams</u>		First Name <u>Linda</u>		Middle Name	Suffix
Home Address (NC Residential Address) <u>306 Cedar St</u>				Mailing Address (If different than home address) <u>P.O. Box 813</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No.		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City <u>RECEIVED</u>	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian		OCT 10 2018 TIME REC'D BY CLARENCE BOYD	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in voting. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

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NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jones</u>		First Name <u>Evangeline</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>801 A Blue St</u>				Mailing Address (If different than home address.) <u>P.O. Box 372</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
			<u>NC</u>	<u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <u>Democratic</u> <input checked="" type="checkbox"/> <u>Republican</u> <input type="checkbox"/> <u>Libertarian</u> <input type="checkbox"/>				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/19/2018 X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

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NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tolliver</u>		First Name <u>Betty</u>		Middle Name	Suffix
Home Address (NC Residential Address) <u>701 Ash St</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address.

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

<u>[Signature]</u> Date	<u>X</u> Date
----------------------------	------------------



Exhibit 4-2.3.1.2

State Absentee Ballot Request Form

North Carolina

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NC STATE BOARD OF ELECTIONSP. O. BOX 27255
RALEIGH, NC 27611-7255PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Rogers</u>	First Name <u>Nicole</u>	Middle Name	Suffix [REDACTED]		
Home Address (NC Residential Address) <u>1161 Jasmine Lane</u>		Mailing Address (If different than home address) <u>P.O. Box 2393</u>			
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below: (or see instructions). NC License or ID Number <u>X X X - X X [REDACTED]</u>			Voter Registration No. [REDACTED]		
			Phone (optional) [REDACTED]		
			Email (optional) [REDACTED]		

RECEIVED

Absentee Voting Information

OCT 10 2018

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME <u>BLADEN CO</u>	State REC'D BY <u>BD. OF ELECTIONS</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature

X

Signature of Near Relative/Guardian (if applicable)

X

10-9-18
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS #64762469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Smith	First Name Bernice	Middle Name B	Suffix [REDACTED]
Home Address (NC Residential Address.) 420 E. McKay St Apt 6D		Mailing Address (If different than home address.) [REDACTED]	
City Elizabethtown	State NC	Zip Code 28337	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: 1/1/18		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]		Voter Registration No. Optional	Phone (optional) 862-6021
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature [REDACTED]	Date 10/09/18	Signature of Near Relative/Legal Guardian (if applicable) X	Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS 465 of 2469

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-855-522-4725

FAX: 919-713-0135

elections.sboa@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>	First Name <u>Gloria</u>	Middle Name <u>O</u>	Suffix <u>[Redacted]</u>
Home Address (NC Residential Address) <u>1105 Able St.</u>		Mailing Address (if different than home address)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>		Voter Registration No.	Phone (optional) Email (optional)
You must provide at least one identification number below. (for see instructions) NC License or ID Number <u>XXX - XX [Redacted]</u>		<div style="text-align: center;"> RECEIVED OCT 10 2018 </div>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City <u>Bladen Co. Bd. of Elections</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X

10-8-18

X

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

Scan Date	Batch Number	Exhibit 4.2.3.1.2 Source Code	Batch ID
2018-10-10 2:56PM	7	17	9712

Scan Date/Time: 2018-10-10 2:56PM
Batch Number: 7
Batch Size: 29
Source Code: 17
Batch ID: 9712
Operator: gward

Abs. Request brought in b
Wanda Munroe - 10/10/18 GA



State Absentee Ballot Request Form

North Carolina

468 of 2469

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>Campbell</u>		First Name <u>Tyrese</u>		Middle Name <u>EARL</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>133 White Plains Church Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX-XX-XXXX</u>			Voter Registration No.	Phone (optional) <u>918-7680</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <u>[REDACTED]</u> Requestor's Address: <u>[REDACTED]</u> City: <u>[REDACTED]</u> State: <u>[REDACTED]</u> Zip Code: <u>[REDACTED]</u> Requestor's Phone: <u>[REDACTED]</u> Requestor's Email: <u>[REDACTED]</u> Name of Corporation (If appointed legal guardian): <u>[REDACTED]</u>				

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OCT 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a relative/spouse/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Signature of Relative/Near Guardian (if applicable) <u>[REDACTED]</u> Date <u>10/9/18</u>



State Absentee Ballot Request Form
North Carolina
Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 469 of 2469
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Henraban</u>		First Name <u>Tammy</u>		Middle Name <u>Leannetta</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address) <u>4890 Lisbon Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Clarkton</u>		State <u>N.C</u>	Zip Code <u>28433</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>				Voter Registration No.		Phone (optional) <u>910-645-4796</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name <u>[REDACTED]</u>				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

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OCT 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

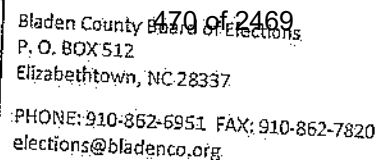
For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

10/9/2018 X
Date

10/9/18
Date



FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Absentee Voting Information

Select one of the options below to qualify as a military or overseas voter:

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail.☐ fax☐ Email

Fax Number or Email Address _____

Signature of Motor Voter only

Signature of Relative/Near Guardian (if applicable)

X

10-9-18X

Date _____

Date _____



State Absentee Ballot Request Form

North Carolina

Exhibit 412.3912

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>Cherry</u>		First Name <u>Shirley</u>		Middle Name <u>C</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>820 Moultrie LN</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>			Voter Registration No.	Phone (optional) <u>645-6037</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Sign

Signature of Relative/Near Guardian (if applicable)

10-9-18

Date

Date



State Absentee Ballot Request Form

North Carolina

472 of 2469
Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name

Cromartie

First Name

Charles

Middle Name

Coleman

Suffix

JR

Home Address (NC Residential Address.)

10213 NC Hwy 87W

Mailing Address (If different than home address.)

City

TARHEEL

State

NC

Zip Code

28392

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: 1/1

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

Phone (optional)

Email (optional)

910-866-5627

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Non-partisan
If "Yes," what is the name and address of the hospital or facility: ☐ Yes ☐ No

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

City

State

Zip Code

Name of Corporation (If appointed legal guardian)

Requestor's Phone

Requestor's Email

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BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)
Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10-9-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name

First Name

Middle Name

Suffix

Date of Birth

Home Address (NC Residential Address.)

Mailing Address (if different than home address.)

City

State

Zip Code

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: 1/1/

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

Voter Registration No.

Phone (optional)

Email (optional)

X X X - X X

910 876-2753

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

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BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Relative/Near Guardian (if applicable)

10-9-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>COMARSTIE</u>		First Name <u>Freddie K</u>		Middle Name <u>OBRIAN</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2584 Lisbon Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number <u>X X X - X X</u>			Phone (optional) <u>910 874 2057</u>		
SSN <u>[REDACTED]</u>			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	Requestor's Phone
Requestor's Address		Requestor's Email		

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BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

Signature of Relative/Near Guardian (if applicable)

10-7-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

475 of 2469
Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name

COMARTE

First Name

QUEEN

Middle Name

ESTHER

Suffix

[Redacted]

Home Address (NC Residential Address.)

2641 Lisbon Rd

Mailing Address (If different than home address.)

[Redacted]

City

COUNCIL

State

NC

Zip Code

28434

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1-1-1

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

XXX - XX - [Redacted]

Voter Registration No.

Phone (optional)

Email (optional)

910-645-4501

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

City

State

Zip Code

Name of Corporation (If appointed legal guardian)

Requestor's Phone

Requestor's Email

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OCT 10 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter

Signature of Relative/Near Guardian (if applicable)

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladencol.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name

Johnson

First Name

Isaiah

Middle Name

Suffix

Home Address (NC Residential Address.)

4832 Lisbon Rd

Mailing Address (if different than home address.)

City

CLARKTON

State

NC

Zip Code

28433

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

XXX - XX

Voter Registration No.

Phone (optional)

Email (optional)

910-645-6107

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

RECEIVED
OCT 10 2018
TIME
BLADEN CO. BOARD OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Relative/Near Guardian (if applicable)

10-9-18X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County 2477 of 2469
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>McClendon</u>		First Name <u>Richard</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>2440 Lisbon Rd</u>				Mailing Address (if different than home address.)		
City <u>Council</u>		State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number		SSN <u>XXX - XX</u>			<u>910-645-4726</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 10 2018
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BLADEN CO. RD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

<u>X</u>	<u>11-9-2018</u>	<u>X</u>	
Date	Date	Date	Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDowell</u>		First Name <u>Kristi</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address) <u>43 Tray Wills Dr</u>				Mailing Address (if different than home address)		
City <u>Couper</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No.	Phone (optional) <u>910-874-2682</u>	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X 10/9/18 X
Date



State Absentee Ballot Request Form

North Carolina

479 of 2469

Bladen County Board of Elections
P.O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name

McMillan

First Name

JOE

Middle Name

L

Suffix

Home Address (NC Residential Address.)

107 EASY ST

Mailing Address (if different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: 1/1

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

XXX - XX -

Voter Registration No.

Phone (optional)

Email (optional)

862-2161

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Non-partisan
If "Yes," what is the name and address of the hospital or facility: ☐ Yes ☐ No

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

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For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative or guardian)
Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/9/18

Date

Date



State Absentee Ballot Request Form

North Carolina

480 of 2469
Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name

First Name

Middle Name

Suffix

Home Address (NC Residential Address.)

Mailing Address (If different than home address.)

City

State

Zip Code

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: 1/1

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

Voter Registration No.

Phone (optional)

Email (optional)

X X X - X X -

910-234-1209

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

City

State

Zip Code

Name of Corporation (if appointed legal guardian)

Requestor's Phone

Requestor's Email

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For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter

Signature of Relative/Near Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

481 of 2469
Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>Troy</u>	First Name <u>IRA</u>	Middle Name <u>W</u>	Suffix <u>JR</u>
Home Address (NC Residential Address.) <u>55 Troy Willis DR</u>		Mailing Address (if different than home address.) [REDACTED]	
City <u>Coumerville</u>	State <u>NC</u>	Zip Code <u>28434</u>	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions)		Motor Registration No.	Phone (optional)
NC License or ID Number	SSN <u>X X X - X X</u>	[REDACTED]	<u>874-5976</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
Requestor's Address	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
City	State	Zip Code	Name of Corporation (if appointed legal guardian)	
Requestor's Phone		Requestor's Email		

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BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

10/9/18

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Troy</u>		First Name <u>Retha</u>		Middle Name <u>Bell</u>	Suffix <u></u>	Date of Birth <u></u>
Home Address (NC Residential Address.) <u>55 Troy Will Dr</u>				Mailing Address (If different than home address.) <u></u>		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City <u></u>	State <u></u>	Zip Code <u></u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u></u>		Previous Name (if applicable) <u></u>	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC Drivers or ID Number <u>XXX - X</u>			Voter Registration No. <u></u>		Phone (optional) <u>910-874-5976</u>	Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

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BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

<u>X</u> <u></u> Date <u>10/9/18</u>	<u>X</u> <u></u> Date <u></u>
---	--



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>WALLER</u>		First Name <u>Ruby</u>		Middle Name <u>Williams</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>620 McLeod St Apt 10F</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX</u>			Voter Registration No.	Phone (optional) <u>247-6288</u>	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

<u>X</u> <u>[Signature]</u> <u>10/9/2018</u> <u>X</u>	Date
---	------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

484 of 2469
Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7320
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wright</u>		First Name <u>EARNESTINE</u>		Middle Name <u>P</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>615 McLeod St</u> City <u>Elizabethtown</u>				Mailing Address (If different than home address.) <u>apt. 9D</u>	
State <u>NC</u>		Zip Code <u>28337</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>[REDACTED]</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No. <u>[REDACTED]</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX-XX-XXXX</u>				Phone (optional) <u>862-4380</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name Requestor's Address City State Zip Code Requestor's Phone Requestor's Email			
Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>			

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BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative or guardian) Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely Current Address (Address where you are currently stationed or living overseas.) Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	
--	--

Signature of Voter (voter only) <u>X</u> <u>[REDACTED]</u> Date <u>10-9-18</u>	Signature of Relative/Near Guardian (if applicable) <u>X</u> Date <u>[REDACTED]</u>
--	--



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

485 of 2469

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>Cromantie</u>		First Name <u>James</u>		Middle Name <u>Tremaine</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>4890 Lisbon Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				County of Residence		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>				Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>645-4796</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				Requestor's Address			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City				State		Zip Code	Requestor's Phone
Requestor's Address				Requestor's Email			

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BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

10/9/2018
Date

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

486 of 2469

Bladen County Board of Elections
P. O. BOX 512

Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>Cromastie</u>	First Name <u>John W.</u>	Middle Name <u>W</u>	Suffix
Home Address (NC Residential Address.) <u>128 Charlie Dr</u>		Mailing Address (If different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX-XXXX</u>		Voter Registration No.	Phone (optional) <u>910-499-3423</u>
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
Requestor's Address	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
City	State	Zip Code	Requestor's Phone	Requestor's Email
		Name of Corporation (If appointed legal guardian)		

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BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Sign

Signature of Relative/Near Guardian (if applicable)

10/9/18 X

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

487 of 2469
Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name

Cromartie

First Name

LOW

Middle Name

JEAN

Suffix

Home Address (NC Residential Address)

4890 Wisbrow Rd

Mailing Address (If different than home address.)

City

Clarkton

State

N.C.

Zip Code

28433

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: 1/1/

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

Phone (optional)

Email (optional)

910-645-4796

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☒ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

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For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative or guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Relative/Near Guardian (if applicable)

10-9-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CROMARTY</u>		First Name <u>SHRENA</u>		Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>777 Clyde Hatcher Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below: NC License or ID Number		SSN <u>X X X - X</u>	Voter Registration No.	Phone (optional) <u>910-645-2629</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
Requestor's Phone		Requestor's Email		

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For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable) <u>10/9/18</u> X	Date
---	------



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lynn-Cromartie</u>		First Name <u>Shereese</u>		Middle Name <u>Nichole</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>2584 Lisbon Road</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			County of Residence <u> </u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. <u> </u>	Phone (optional) <u>549-6313</u>	Email (optional) <u> </u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u> </u>		City <u> </u>	State <u> </u>	Zip Code <u> </u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: <u> </u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u> </u> <u> </u> <u> </u> <u> </u> Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u> </u>		Name of Corporation (if appointed legal guardian) <u> </u>		
City <u> </u>	State <u> </u>	Zip Code <u> </u>	Requestor's Phone <u> </u>	Requestor's Email <u> </u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u> </u>		Fax Number or Email Address <u> </u>	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

10/9/18X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>PERSON</u>		First Name <u>ALISHA</u>		Middle Name	Suffix
Home Address (NC Residential Address) <u>4890 Lisbon Rd</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>		State <u>N.C.</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence. Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below: (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>				Voter Registration No.	Phone (optional) Email (optional)
					<u>645-4796</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name (First) (Middle) (Last) (Suffix) <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter	Signature of Relative/Near Guardian (if applicable)
<u>[Redacted]</u>	<u>[Redacted]</u>
Date <u>10-9-2018</u>	Date <u>X</u>



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>PIERCE</u>	First Name <u>Billy</u>	Middle Name <u>A</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>620 McLeod St Apt. 17B</u>		Mailing Address (if different than home address):		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>910-633-5010</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

<u>X</u> [REDACTED]	<u>10/9/18</u> [REDACTED]
Date	Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Troy</u>	First Name <u>Matthew</u>	Middle Name <u>Nicholas</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>55 Troy Willis Dr</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City <u>Council</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		Voter Registration No.	Phone (optional) <u>876-5976</u>
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email <u>RECEIVED OCT 10 2018</u> <u>REC'D BY [REDACTED]</u> <u>BLADEN CO. BO. OF ELECTIONS</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

<u>X</u> <u>[REDACTED]</u> Date <u>10/9/18</u>	<u>X</u> <u>[REDACTED]</u> Date <u>[REDACTED]</u>
---	--

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>WILLIS</u>	First Name <u>JENNIFER</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>753 Clyde Hatchard</u>		Mailing Address (If different than home address.)	
City <u>COUNCIL</u>	State <u>NC</u>	Zip Code <u>28434</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No.	Phone (optional) <u>910-645-4343</u>
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable) <u>10/9/18</u> Date	Date
---	------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form 2012

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Willis</u>		First Name <u>Rockelle</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>854 Clyde Hatcher Rd</u>				Mailing Address (if different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No.	Phone (optional) <u>910-549-5891</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voter's Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable) <u>[Signature]</u>	Date <u>10/9/18</u>
---	------------------------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512 495 of 2469

Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Willis</u>	First Name <u>Roxie</u>	Middle Name	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>843 Clyde Hatcher Rd</u>		Mailing Address (if different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX [REDACTED]</u>		Voter Registration No.	Phone (optional) <u>910-625-6335</u>
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

10/9/18 X

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.9.12

Bladen County Board of Elections
P.O. BOX 512 496 of 2469
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Young</u>		First Name <u>Velma</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>155 White Plains Church Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarecton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC Drivers or ID Number <u>XXXX-XX</u>			Voter Registration No.	Phone (optional) <u>645-4627</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/9/18 X
Date

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-10 2:16PM	6	17	9711

Scan Date/Time: 2018-10-10 2:16PM
Batch Number: 6
Batch Size: 1
Source Code: 17
Batch ID: 9711
Operator: gward

Uldean Bowen - 10/10/18
brought in by Woody Hester



State Absentee Ballot Request Form

North Carolina

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

499 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>BOWEN</u>		First Name <u>ULDEAN</u>		Middle Name <u>FAYE</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>300 LUTHER BRISSON ROAD</u>				Mailing Address (if different than home address) [REDACTED]	
City <u>BLADENBORO</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. [REDACTED] <small>Optional</small>		
			Phone (optional)		Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)			
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address:	

Signature of Voter (voter only) [REDACTED]		Signature of Near Relative/Legal Guardian (if applicable) <u>10-8-2018X</u>	
		Date	

Scan Date	Batch Number	Exhibit 4.2.3.1.2 Source Code	501 of 2469 Batch ID
2018-10-10 2:14PM	5	07	9710

Scan Date/Time: 2018-10-10 2:14PM

Batch Number: 5

Batch Size: 2

Source Code: 07

Batch ID: 9710

Operator: gward

Abs.
Request
In-person - 10/10/18
GPH



North Carolina

Absentee Ballot Request Form
Exhibit 4.2.3.1.2Bladen County Board of Elections
P. O. BOX 51502 of 2469
Elizabethtown, NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name

Clabaugh

First Name

Frederick

Middle Name

P

Suffix

Home Address (NC Residential Address:)

1320 Zion Hill Ch. Rd.

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

State

NC

Zip Code

28320

County of Residence

Bladen

Previous Name (if applicable)

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move:

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

Phone (optional)

RECEIVED

OCT 10 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

1320 Zion Hill Church Rd.

City

Bladenboro

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

State

NC

Zip Code

28320

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ LibertarianIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Non-partisanIf "Yes," what is the name and address of the hospital or facility? ☐ Yes ☐ No

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Doris J Clabaugh

Requestor's Address

1320 Zion Hill Ch. Rd.

City

Bladenboro

State

NC

Zip Code

28320

Name of Corporation (If appointed legal guardian)

Requestor's Phone

910-212-7354

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐
- Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
-
- ☐
- U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☒ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Relative/Near Guardian (if applicable)

X Doris Clabaugh 10-15-18

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 10 2018

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Callihan</u>		First Name <u>Rosa</u>		Middle Name <u>Britt</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>526 Kelly Rd.</u>				Mailing Address (If different than home address.) <u>PO Box 565</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>Elizabeth Town</u>		State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>Rosa Edwards Britt Callihan</u>	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)	
NC License or ID Number <u>XXX - XX</u>		SSN [REDACTED]				Email (optional) <u>910-862-9588</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>526 Kelly Rd.</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name:		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

S: [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
10-10-18 X
 Date Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-10 1:33PM	3	17	9708

Exhibit 4.2.3.1.2

505 of 2469

Scan Date/Time: 2018-10-10 1:33PM
Batch Number: 3
Batch Size: 6
Source Code: 17
Batch ID: 9708
Operator: gward

Abs. Request Brought i
by McCrae - 10/10/18 G



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
506 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Judson</u>		First Name <u>Jonathan</u>		Middle Name <u>Tyler</u>	Suffix [Redacted]
Home Address (NC Residential Address): <u>314 Lennon Drive</u>				Mailing Address (if different than home address.): [Redacted]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence: Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/18</u>					
one identification number below. (or see instructions)			Voter Registration No. Optional	Phone (optional)	Email (optional)
[Redacted] SSN <u>XXX - XX - [Redacted]</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): <u>314 Lennon Drive</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
				RECEIVED OCT 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-7-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 507 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name BUNBERT	First Name MARISSA	Middle Name A	Suffix	Date of Birth
Home Address (NC Residential Address.) 155 Hester mill rd		Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number XX X - X X			Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-9-18
Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
508 of 2469

Physical Address
301.5 Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>BABSON</u>		First Name <u>MORGAN</u>		Middle Name <u>PAIGE</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>508 GRACE STREET</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
10-8-18 X
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 509 of 2469

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name RHODES		First Name KENNETH		Middle Name WAYNE	Suffix [REDACTED]
Home Address (NC Residential Address.) 273 LUTHER BRISSON ROAD				Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative or guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address:

Signature of Voter X	Signature of Near Relative/Legal Guardian (if applicable) X
Date 10/12/2018	Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
510 of 2469
Physical Address: 301 S Cypress St
Elizabethtown NC 28337
Mailing Address: PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CAMPBELL</u>		First Name <u>EMMA</u>		Middle Name <u>BECKY</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>320 LUTHER BRISSON ROAD</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) <input checked="" type="checkbox"/> NC License or ID Number <u>XXX - XX [REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED
OCT 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/legal guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Sign X Signature of Near Relative/Legal Guardian (if applicable)
10-8-2018 X
Date Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
511 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>RHODES</u>		First Name <u>PATSY</u>		Middle Name <u>BOWEN</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>273 LUTHER BRISSON ROAD</u>				Mailing Address (If different than home address.)	
City <u>BLADENBORO</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below: (or see instructions) <small>NC License or ID Number</small>			Voter Registration No. <small>Optional</small>		
[REDACTED] <u>XXX - XX</u>			Phone (optional) Email (optional)		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>10/8/2018 X</u>
Date	Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-09 2:35PM	9	17	9703

Exhibit 4.2.3.1.2 513 of 2469

Scan Date/Time: 2018-10-09 2:35PM
Batch Number: 9
Batch Size: 13
Source Code: 17
Batch ID: 9703
Operator: gward

Abs. Request -
1 - NO I.D. provided
10/9/18 GAW



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name KINLAW		First Name MARK		Middle Name WAYNE	Suffix [REDACTED]
Home Address (NC Residential Address.) 7961 NC 242 HWY. S.				Mailing Address (if different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN XXX - XX			Voter Registration No. 000000	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) 10-2X18	Date
---	------

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BAXLEY		First Name DELLA		Middle Name D	Suffix [REDACTED]
Home Address (NC Residential Address.) 74 DAVIS FARM RD.				Mailing Address (If different than home address.) [REDACTED]	
City SAINT PAULS	State NC	Zip Code 28384	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (If applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 74 Davis Farm Rd		City St. Pauls	State NC	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

Signature of Near Relative/Guardian (if applicable)

9-29-18 X
Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.) on

Election Date

Voter Information					
Last Name MELVIN	First Name MELISSA	Middle Name COFFIN	Suffix		
Home Address (NC Residential Address.) 372 HAYFIELD ST.		Mailing Address (If different than home address.)			
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX			Voter Registration No. 000000	Phone (optional) 876-3667	Email (optional)

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) 372 Hayfield St.					
City Elizabethtown		State NC		Zip Code 28337	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter X	Signature of Near Relative/Guardian (if applicable) X
Date 10/3/18	Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General election on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name VANVARK		First Name MELISSA		Middle Name ANN	Suffix [REDACTED]
Home Address (NC Residential Address.) 227 HILLCREST DR.			Mailing Address (if different than home address.) [REDACTED]		
City ELIZABETHTOWN	State NC	Zip Code 28337	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable) Melissa Fischer		
You must provide at least one identification number below. (or see instructions) [REDACTED] XXX - XX - [REDACTED]			Voter Registration No: [REDACTED]		
			Phone (optional) (910) 866-4608		Email (optional) melissa.vanvark@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 227 Hillcrest Drive		City Elizabeth town	State NC	Zip Code 28337
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Guardian (if applicable)

10/3/18
Date

X

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

3313205887 NC8W0995092 IVNC



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

11-6-18

Election Date

Voter Information

Last Name WRIGHT		First Name MANLY		Middle Name	Suffix
Home Address (NC Residential Address.) 306 PINE RIDGE CIR.				Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No.		
SSN X X X - X X			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-3-18 X

Date

Date

v2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

192174687 NC8W8976801 CVNC



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BURNEY		First Name JUDY		Middle Name KAY	Suffix	Date of Birth
Home Address (NC Residential Address.) 112 BIGGS AVE.				Mailing Address (If different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (If applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X			Voter Registration No. 00000000		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 112 Biggs Ave		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name:		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X

Date

voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name KINLAW		First Name DEBRA		Middle Name WARD	Suffix	Date of Birth
Home Address (NC Residential Address.) 7961 NC 242 HWY. S.				Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/						
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. XXXX	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

192274189 NC8W0977539 CVNC



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name TOWNSEND		First Name BOBBY		Middle Name GLEN	Suffix [REDACTED]
Home Address (NC Residential Address.) 161 BATTLES DR.			Mailing Address (if different than home address.) [REDACTED]		
City GARLAND	State NC	Zip Code 28441	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable) [REDACTED]		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]			Voter Registration No. [REDACTED]		
SSN X X X - X X [REDACTED]			Phone (optional) [REDACTED]		
			Email (optional) [REDACTED]		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 161 Battles Dr.		City Garland	State NC
		Zip Code 28441	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: [REDACTED]			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	
		Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address:

Sign [REDACTED]	Signature of Near Relative/Guardian (if applicable) 9/28/2018
	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name PADGETT		First Name WENDY		Middle Name STRICKLAND	Suffix [REDACTED]
Home Address (NC Residential Address.) 161 BATTLES DR.			Mailing Address (if different than home address.) [REDACTED]		
City GARLAND	State NC	Zip Code 28441	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: 1-1-			Previous Name (if applicable) [REDACTED]		
You must provide at least one identification number below: (or see instructions)			Voter Registration No.		
NC License or ID Number X X X - X X - [REDACTED]		SSN [REDACTED]		Phone (optional) [REDACTED]	Email (optional) [REDACTED]

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 161 BATTLES DR.		City GARLAND	State NC
Zip Code 28441			
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: [REDACTED]			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name [REDACTED]		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]	
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	
Requestor's Phone [REDACTED]		Requestor's Email [REDACTED]	


For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Signature of Voter [REDACTED]	Signature of Near Relative/Guardian (if applicable) [REDACTED]
Date [REDACTED]	Date [REDACTED]

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	<p>NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255</p> <p>PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov</p>
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name CARRINGTON		First Name MAXINE		Middle Name K	Suffix [REDACTED]
Home Address (NC Residential Address.) PO BOX 64			Mailing Address (if different than home address.) [REDACTED]		
City KELLY	State NC	Zip Code 28448	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
[REDACTED] number below. (for see instructions) XX - XX - [REDACTED]			Voter Registration No. 00000	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 64 Kelly, NC		City Kelly	State NC	Zip Code 28448
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Guardian (if applicable)

Oct 3, 2018 X

Date

Date

V2013

to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name HARWARD		First Name KEITH		Middle Name ALLEN	Suffix [REDACTED]
Home Address (NC Residential Address.) 106 CROMARTIE RD.			Mailing Address (If different than home address.) [REDACTED]		
City ELIZABETHTOWN	State NC	Zip Code 28337	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X [REDACTED]			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 106 CROMARTIE RD		City ELIZABETHTOWN	State NC
		Zip Code 28337	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

S [REDACTED]	Signature of Near Relative/Guardian (if applicable) X
	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS		First Name MARY ANN		Middle Name WILLIAMSON		Suffix [REDACTED]	
Home Address (NC Residential Address.) 50 LOUISE AVE.				Mailing Address (If different than home address.) [REDACTED]			
City WHITE LAKE		State NC	Zip Code 28337	City [REDACTED]		State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (If applicable) [REDACTED]	
If "No," indicate the date of your move: 1/1							
You must provide at least one identification number below. (or see instructions)				Voter Registration No. 00000000		Phone (optional) [REDACTED]	
SSN [REDACTED]				Email (optional) [REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 50 Louise Ave.		City White Lake		State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: [REDACTED]					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address [REDACTED]		Name of Corporation (If appointed legal guardian) [REDACTED]			
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]		Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Signature of Near Relative/Guardian (if applicable) [REDACTED] Date 10/02/18	X Date [REDACTED]
---	---------------------------------------

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

Scan Date	Batch Number	Source Code	Batch ID
2018-10-09 12:31PM	6	06	9700

Exhibit 4.2.3.1.2 627 of 2469

Scan Date/Time: 2018-10-09 12:31PM
Batch Number: 6
Batch Size: 1
Source Code: 06
Batch ID: 9700
Operator: gward

Abs. Request - Bryan
maetia
10/9/18 GAW



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6th 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Martin</u>	First Name <u>Bryan</u>	Middle Name <u>Bernard</u>	Suffix <u>[Redacted]</u>		
Home Address (NC Residential Address.) <u>827 Montrie Lane</u>			Mailing Address (if different than home address.) <u>PO Box 984</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. <u>51772</u>	Phone (optional) <u>910-879-6666</u>	Email (optional) <u>bbmunc10@gmail.com</u>
SSN <u>X X X - X X [Redacted]</u>					

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>714 A St NE, Apt 1</u>		City <u>Washington</u>	State <u>DC</u>
Zip Code <u>20002</u>			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
			<input type="checkbox"/> mother-in-law
			<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

RECEIVED

OCT 09 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Oct 9, 2018
Date

X
Date

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-08 4:55PM	8	17	9694

Scan Date/Time: 2018-10-08 4:55PM
Batch Number: 8
Batch Size: 7
Source Code: 17
Batch ID: 9694
Operator: gward

Abs. Request brought in
by Dorothy Johnson on
10/8/18 GLW



State Absentee Ballot Request Form

North Carolina

Exhibit 423-12
RECEIVED
OCT 08 2013

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2013

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Autry</u>		First Name <u>Johnnie</u>		Middle Name <u>Nathan</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>223 Autry town Road</u>				Mailing Address (If different than home address.) [REDACTED]			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>							
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		Phone (optional)	
NC License or ID Number <u>XXXX-XX</u>		SSN [REDACTED]				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>223 Autry town Rd.</u>		City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Johnnie M Autry (self)</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>223 Autry town Rd.</u>		Name of Corporation (if appointed legal guardian)			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-588-6111</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 532 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Autry</u>	First Name <u>Dorothy</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>223 Autrytown Rd</u>		Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>		Voter Registration No. Optional	Phone (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>223 Autrytown Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Dorothy Autry (self)</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address <u>223 Autrytown Rd</u>		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
City <u>Elizabethtown</u>		Name of Corporation (if appointed legal guardian)		
State <u>NC</u>		Requestor's Phone <u>910 588-4111</u>		
Zip Code <u>28337</u>		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

OCT 08 2013

TO: BLADEN COUNTY BOARD OF ELECTIONS 533 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Harry</u>		Middle Name <u>Bernard</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>8327 Hwy 701 N</u>				Mailing Address (if different than home address.) [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8327 Hwy 701 N</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Harry McKoy (self)</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address <u>8327 Hwy 701 N</u>		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
City <u>Elizabethtown</u>		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
State <u>NC</u>		Name of Corporation (if appointed legal guardian)		
Zip Code <u>28337</u>		Requestor's Phone		
		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X

10-8-18

X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

OCT 08 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 534 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Date

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name

Belton

First Name

Rhonda

Middle Name

F

Suffix

Date of Birth

Home Address (NC Residential Address.)

3332 Jack Richardson Rd

City

Elizabethtown

State

NC

Zip Code

28337

Mailing Address (If different than home address.)

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1 / 1

County of Residence

Bladen

Previous Name (If Applicable)

You must provide at least one identification number below: (or see instructions)

NC Unexpired ID Number

SSN

X X X - X X -

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

3332 Jack Richardson Rd

City

Elizabethtown

State

NC

Zip Code

28337

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

10-8-18
Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

OCT 08 2018

TIME REC'D BY
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Graham</u>	First Name <u>Betha</u>	Middle Name <u>D</u>	Suffix
Home Address (NC Residential Address.) <u>3727 Hwy 210</u>		Mailing Address (if different than home address.)	
City <u>Garland</u>	State <u>NC</u>	Zip Code <u>28441</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)
NC License or ID Number <u>XXXX-XX</u>			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>3727 Hwy 210</u>		City <u>Garland</u>	State <u>NC</u>	Zip Code <u>28441</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas):		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
X
Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

OCT 08 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 536 ON 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Townsend</u>		First Name <u>Geneva</u>		Middle Name <u>H</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>89 Townsend Rd.</u>				Mailing Address (if different than home address.)	
City <u>Garland</u>	State <u>N.C.</u>	Zip Code <u>28441</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>89 Townsend Rd.</u>		City <u>Garland</u>	State <u>N.C.</u>	Zip Code <u>28441</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>10-8-18</u>	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2
RECEIVED

OCT 08 2018

Bladen County Board of Elections
P. O. BOX 512 537 of 2469
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

TIME _____ REC'D BY _____
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS E FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hall</u>		First Name <u>Katelin</u>		Middle Name <u>Lynette</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1369 Bowen-Blanks Road</u>				Mailing Address (If different than home address.) <u>(Same)</u>		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>		City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>				County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>N/A</u>
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>				Voter Registration No. <u>0000060</u> <u>55624</u>		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1369 Bowen-Blanks Road</u>		City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Rhonda Blanks Hall</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>1213 Bowen-Blanks Road</u>		Name of Corporation (If appointed legal guardian)		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	Requestor's Phone <u>910-635</u> <u>4283</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

<u>X</u>	<u>X Rhonda Blanks Hall</u>
Date	Date <u>10-2-2018</u>

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

2018-10-08 10:40AM

Scan Date	Batch Number	Exhibit 4.2.3.1.2 Source Code	Batch ID
2018-10-08 10:40AM	5	07	9691

Scan Date/Time: 2018-10-08 10:40AM
 Batch Number: 5
 Batch Size: 2
 Source Code: 07
 Batch ID: 9691
 Operator: gward

Abs. Request -
 Elliott Madden +
 Hilary Hester -
 10/10/18 GA



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

Election Date

Voter Information

Election Type (Primary, General, Municipal, Special, etc.)

Last Name <u>Madden</u>		First Name <u>Elliot</u>		Middle Name <u>Stoughton</u>	Suffix <u>[Redacted]</u>
Home Address (NC Residential Address.) <u>146 White Oak National Drive</u>				Mailing Address (If different than home address.) <u>P.O. Box 1110</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28339</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-1</u>			Previous Name (if applicable)		
[Redacted]			Voter Registration No.		
[Redacted]			Phone (optional)		
[Redacted]			Email (optional) <u>elliott.m2000@gmail.com</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>VMI Box 80911</u>		City <u>Lexington</u>	State <u>VA</u>	Zip Code <u>24450-0351</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Edwin Madden Jr.</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>P.O. Box 1110</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-874-0137</u>	Requestor's Email <u>eddmadden71@gmail.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X [Signature]

10-4-12

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 541 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>HESTER</u>	First Name <u>HILARY</u>	Middle Name <u>PAIGE</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>3873 MARSH ROAD</u>		Mailing Address (If different than home address.) <u>Same</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)
NC License or ID Number	SSN <u>XXX - XX</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No.			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
10/03/18 X
 Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-05 3:33PM	14	07	9682

Exhibit 4.2.3.1.2

345 of 2469

Scan Date/Time: 2018-10-05 3:33PM
Batch Number: 14
Batch Size: 1
Source Code: 07
Batch ID: 9682
Operator: vpmckoy



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
544 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Meegs</u>	First Name <u>Emily</u>	Middle Name <u>Vernelle</u>	Suffix	Date of Birth [REDACTED]		
Home Address (NC Residential Address.) <u>2245 3rd Avenue</u>		Mailing Address (If different than home address.) <u>323 S Heritage Loop</u>				
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Chapel Hill</u>	State <u>NC</u>	Zip Code <u>27516</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			County of Residence <u>Durham</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) SSN [REDACTED] <u>X X X - X X -</u> [REDACTED]			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>323 S Heritage Loop</u>		City <u>Chapel Hill</u>	State <u>NC</u>	Zip Code <u>27516</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input checked="" type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input checked="" type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian) <u>DLT 05 2018</u>		
City	State	Zip Code	Requestor's Phone	Requestor's Email BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
X
Date 10/5/18



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address:

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsba.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 5, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Other Information

First Name <i>McDowell</i>	First Name <i>Chapman</i>	Middle Name <i>McDowell</i>	Suffix <i>[Redacted]</i>
Home Address (NC Residential Address.) <i>1105 Quail St</i>		Mailing Address (If different than home address.) <i>[Redacted]</i>	
City <i>Elizabethtown</i>	State <i>NC</i>	Zip Code <i>28337</i>	City <i>[Redacted]</i>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <i>Bladen</i>	Previous Name (if applicable)
If "No," indicate the date of your move: <i>1/1</i>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <i>XX X - XX</i>		Voter Registration No. Optional <i>[Redacted]</i>	Phone (optional) <i>[Redacted]</i>
		Email (optional) <i>[Redacted]</i>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <i>[Redacted]</i>	City <i>[Redacted]</i>	State <i>[Redacted]</i>	Zip Code <i>[Redacted]</i>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

Requester

Requester

City

For

Select

☐ M☐ U

Current

Relative, list your name, address, contact information and relationship to the voter:

- ☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Name of Corporation (if appointed legal guardian)

Code

Requestor's Phone

Requestor's Email

RECEIVED

OCT 05 2018

Signed by the voter; may not be signed by a near relative/guardian

I am a voter:

I am currently absent from county of residence or an eligible spouse/dependent.

Overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18

Date

X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 547-612469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>GORE</u>		First Name <u>Edrina</u>		Middle Name <u>C</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>709 Mears Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>910 625-6339</u>	Email (optional) <u>edgore2003@gmail.com</u>
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>[REDACTED]</u>		SSN <u>X X X - X X</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Democratic</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED]
Date 8/28/18 X



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 348-62469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 5, 2013

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Newkirk	Johnny	L	
Home Address (NC Residential Address)		Mailing Address (If different than home address.)	
706 Chestnut St			
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1/		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN	Optional	Email (optional)
	X X X - X X		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility?				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 05 2013

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[Redacted Signature]

8/28/18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 549 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.bqe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Peidgen</u>		First Name <u>Shirley</u>		Middle Name <u>R</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>305 Riverside Rd</u>				Mailing Address (if different than home address.) <u></u>	
City <u>Elizabeth</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. <u></u>	Phone (optional) <u></u>	Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Near Relative/Legal Guardian (if applicable) <u></u>	Date <u>8/22/18</u>
--	------------------------



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
550 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Beatty</u>		First Name <u>Tiffany</u>		Middle Name <u>Ny'Cole</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>88 Sammy Lane</u>				Mailing Address (If different than home address.) <u>88 Sammy Lane</u>			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28537</u>	City <u>Bladen</u>		State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions)		NC License or ID Number		SSN		Email (optional)	
<u>X X X - X X</u>		<u>[REDACTED]</u>		<u>[REDACTED]</u>		<u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email
<u>[REDACTED]</u>		<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>

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For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	
<u>[REDACTED]</u>		<u>[REDACTED]</u>	

Signature of Voter: [REDACTED] Date: 8/28/18
Signature of Near Relative/Legal Guardian (if applicable): X Date: [REDACTED]

Scan Date	Batch	Source
2018-10-05 2:23PM	13	17

Exhibit 4.2.3.1.2

552 of 2469

Scan Date/Time: 2018-10-05 2:23PM
Batch Number: 13
Source Code: 17
Image Number: 8
Deleted By: vpmckoy
Delete Date: 10/5/2018

Bellamy
Miriam
Duplicate
Request
Cogdell



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
553 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bell/Amy</u>		First Name <u>MIRIAM</u>		Middle Name <u>S</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>303 DECAW STREET APT 1A</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>SSN</u> <u>XXX - XX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

TIME 10:05 AM REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
8-28-18 X
Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-05 2:23PM	13	17	9681

Scan Date/Time: 2018-10-05 2:23PM

Batch Number: 13

Batch Size: 25

Source Code: 17

Batch ID: 9681

Operator: vpmckoy

Michael Cogdell



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Purdie		First Name Angela		Middle Name Renée	Suffix
Home Address (NC Residential Address.) 459 Burden Rd				Mailing Address (if different than home address.)	
City Tar Heel	State	Zip Code 28382	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: 1/1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 05 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter X	Signature of Near Relative/Legal Guardian (if applicable) X
Date	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name McKoy		First Name Precious		Middle Name S	Suffix [REDACTED]
Home Address (NC Residential Address.) 390 twisthickory Rd Apt 14				Mailing Address (If different than home address.) [REDACTED]	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. Optional [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 05 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address:

Sign

Signature of Near Relative/Legal Guardian (if applicable)

8/30/18 **X**

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Williams		First Name		Middle Name	Suffix
Home Address (NC Residential Address) 306 Leader St				Mailing Address (if different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 05 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X	Signature of Near Relative/Legal Guardian (if applicable) 2/28/18
Date	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Ronald</u>		Middle Name <u>G</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>245 Burden Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28392</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (a) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional <u>[REDACTED]</u>		
			Phone (optional) <u>[REDACTED]</u>		
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED
OCT 05 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas): <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lee</u>		First Name <u>Norris</u>		Middle Name <u>F</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>11922 Hwy 242 South</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladen Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>			Voter Registration No. Optional <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 05 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature [REDACTED] X 8/28/18 Date

Signature of Near Relative/Legal Guardian (if applicable) X [REDACTED] Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.bje@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Tyler</u>		Middle Name <u>E</u>	Suffix <u>SE</u>
Home Address (NC Residential Address.) <u>9970 Lisbon Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) [REDACTED] <u>XXX-XX-XXXX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 05 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Rogers

First Name

Tekisha

Middle Name

Phenique

Suffix

Home Address (NC Residential Address.)

1213 Cotton Street

Mailing Address (If different than home address.)

PO Box 1606

City

Elizabethtown

State

N.C.

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Names (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☒ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

RECEIVED
OCT 05 2018
TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018

Date

Date



Exhibit 4.2.3.1.2

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State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Monroe</u>		First Name <u>Diane</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>294 McKoy Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
Requestor's Address	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
City	State	Zip Code	Name of Corporation (if appointed legal guardian)	
			Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X 8-27-2018 X

Date



Exhibit 4.2.3.1-2

564 of 2469

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>GAINES</u>		First Name <u>TILIA</u>		Middle Name <u>LOUISA</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>250 Edgewood St.</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>CLAXTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below: (or see instructions)			Voter Registration No. Optional		
NC License or ID Number <u>X X X - X X [REDACTED]</u>			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X [REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X [REDACTED]</u>
Date <u>08/22/2018</u>	Date <u>[REDACTED]</u>



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

565 of 2469

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Melvin		First Name Shirley		Middle Name A		Suffix [REDACTED]	
Home Address (NC Residential Address.) 90 Pearl Lloyd Rd				Mailing Address (If different than home address.) [REDACTED]			
City White Oak		State NC	Zip Code 28339	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1				Voter Registration No. [REDACTED]		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X [REDACTED]				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED]
Date **8/22/18**



Exhibit 4.2.3.1.2

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State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKiver</u>		First Name <u>Dennis</u>		Middle Name	Suffix <u>JR</u>
Home Address (NC Residential Address) <u>188 Pearl L Lloyd Rd</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-11</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter <u>[Signature]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>10/2/18</u>	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 567 of 2469

Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown

PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>melvin</u>		First Name <u>Raymond</u>		Middle Name <u>D.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1281 Johnson town Rd.</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
8/28/18 X
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 568 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Corbett	First Name Doris	Middle Name ANN	Suffix
Home Address (NC Residential Address.) 2533 Hwy 242 N.		Mailing Address (if different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1			
You must provide at least one identification number below. (or see instructions) NC license or ID Number X X X - X X		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

569 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Munn		First Name Asia		Middle Name Yvonne		Suffix [REDACTED]	
Home Address (NC Residential Address.) 552 Mears Rd				Mailing Address (If different than home address.) [REDACTED]			
City Clarkton		State NC	Zip Code 28433	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/							
You must provide at least one identification number below. (or see instructions) NC License or ID Number XX X - X X				Voter Registration No. (Optional) [REDACTED]		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.						
Requestor's Name			Requestor's Address			
			Name of Corporation (if appointed legal guardian)			
City			State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

570 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsb.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 5, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Monroe</u>	First Name <u>Gregory</u>	Middle Name <u>W</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>538 Frank Melvin Rd</u>		Mailing Address (if different than home address.) <u></u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX-XXXX</u>		Voter Registration No. <u></u>	Phone (optional) <u></u>
		Optional	Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> stepparent
Requestor's Address <u></u>	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law
				<input type="checkbox"/> father-in-law
City <u></u>	State <u></u>	Zip Code <u></u>	Name of Corporation (if appointed legal guardian) <u></u>	Requestor's Phone <u></u>
				Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

571 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Davonka</u>		Middle Name <u>R</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>9690 Lisbon rd</u>				Mailing Address (if different than home address.) <u></u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>29437</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License: <u></u> SSN: <u>XXX-XX-XXXX</u>			Voter Registration No. Optional <u></u>		
			Phone (optional) <u></u>		Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 572 of 2469

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name EPERS		First Name Haze		Middle Name K	Suffix
Home Address (NC Residential Address.) 71 Tinas Lane				Mailing Address (if different than home address.)	
City Clarkton		State NC	Zip Code 28433	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License of ID Number X X X - X X				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable) [Signature]	Date 8/22/18	Date
---	------------------------	------



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF **578-02469**

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>		First Name <u>Rodriguez</u>		Middle Name <u>Diondray</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>713 Thompson Ave</u>				Mailing Address (If different than home address.) <u>P.O. Box 432</u>	
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions.) NC License or ID Number <u>XX X - X [REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

8/27/18
Date

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-05 1:57PM	10	06	9678

Scan Date/Time: 2018-10-05 1:57PM

Batch Number: 10

Batch Size: 1

Source Code: 06

Batch ID: 9678

Operator: vpmckoy



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

OCT 05 2018

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NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on 06/11/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name White	First Name Mamie	Middle Name	Suffix
Home Address (NC Residential Address.) 7352 NC 211 W		Mailing Address (If different than home address.) 1103 Dot Ave	
City Bladenboro	State NC	Zip Code 28320	City Bossier City
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable) Mamie Hill
If "No," indicate the date of your move: ____/____/____			
You must provide at least one identification number below. (or see instructions) NC License or ID Number		Voter Registration No.	Phone (optional) Email (optional) mwhite7981@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1103 Dot Ave		City Bossier City	State LA	Zip Code 71111
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Initials) (Last) (Suffix)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input checked="" type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (not required)

Signature of Near Relative/Guardian (if applicable)

25 Sep 18

X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name SYKES	First Name DEWEY	Middle Name HENRY	Suffix	Date of Birth	
Home Address (NC Residential Address.) 253 BUTTERS CEMETERY RD.			Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No.	Phone (optional)	Email (optional)
SSN X X X - X X - [] [] []					

RECEIVED

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
			Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
Indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If <input type="checkbox"/> Yes, list your name, address, contact information and relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Name of Corporation (if appointed legal guardian)			
Requestor's Phone		Requestor's Email	
Signed by the voter; may not be signed by a near relative/guardian Voter: _____ currently <u>absent</u> from county of residence or an eligible spouse/dependent.			
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email			
Fax Number or Email Address			

Sent
Letters
Batch 9676

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
	X
	9-29-18
	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

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OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

BLADEN CO. BO. OF ELECTIONS

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name WRIGHT	First Name STACY	Middle Name LANE	Suffix	Date of Birth
Home Address (NC Residential Address.) 200 GRACE ST.		Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN		
If "No," indicate the date of your move: 1 / 1		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC license or ID Number XXX - XX -		Voter Registration No. 20101	Phone (optional) 813-3259	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 200 GRACE ST.		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Guardian (if applicable)

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

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OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

On

Election Date

Voter Information					
Last Name BROWN		First Name FRANCES		Middle Name KINLAW	Suffix
Home Address (NC Residential Address.) 404 GRACE ST.			Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - 1111			Voter Registration No. 00, 010	Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 404 Grace St.		City Bladenboro	State N-C
Zip Code 28320			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-30-18 X *Leanna Henry*

9-30-18

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

Scan Date	Batch Number	Source Code	Batch ID
2018-10-05 12:18PM	8	17	9676

Exhibit 4 2 3 1 2

582 of 2469

Scan Date/Time: 2018-10-05 12:18PM

Batch Number: 8

Batch Size: 19

Source Code: 17

Batch ID: 9676

Operator: vpmckoy

Registration
Drive
Mail



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name JOHNSON		First Name JANICE		Middle Name RUSS	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 923 HICKORY GROVE BALLPARK RD.				Mailing Address (If different than home address.) 923 Hickory Grove Ballpark Rd		
City BLADENBORO	State NC	Zip Code 28320	City Bladenboro		State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1						
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]		Phone (optional) 910-648-6293	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 923 Hickory Grove Ballpark Rd		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable)

X

9-30-18

Date

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
elections.sbbe@ncsbe.gov

FAX: 919-715-0135

TIME _____ REC'D BY _____
CLARENCE CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name CHAVIS		First Name MEAGAN		Middle Name CECILE	Suffix	Date of Birth
Home Address (NC Residential Address.) 40 TEAL RD.				Mailing Address (if different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: 1 / 1 /						
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No.	Phone (optional)	Email (optional)	
SSN X X X - X X -			000000			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address


Signature of Near Relative/Guardian (if applicable)

X

Date

Date

SEE REVERSE FOR ADDITIONAL INFORMATION

	State Absentee Ballot Request Form North Carolina	NC STATE BOARD OF ELECTIONS P.O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
	RECEIVED OCT 05 2018	

TIME _____ REC'D BY _____
 BOARD OF ELECTIONS
 FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
 Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name RICE		First Name LISA		Middle Name DIANE	Suffix
Home Address (NC Residential Address.) 110 HOLLY BRITT CT.			Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]	Phone (optional) 910-740-5731	Email (optional) hsapennell782@yahoo

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 110 Holly Britt Ct		City Bladenboro	State NC
Zip Code 28320			
If voter is registered as unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) [Signature] Date: 8/27/2018	X Date:
---	------------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NOV 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MILCZAKOWSKI		First Name AMBER		Middle Name LAUREN	Suffix	Date of Birth
Home Address (NC Residential Address.) 3697 OWEN HILL RD.				Mailing Address (if different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: / /						
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No.		Phone (optional)	Email (optional)
SSN X X X - X X -			549-8998			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 3697 Owen Hill Rd.		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) <u>X [Signature]</u>	Date <u>9/26/18</u>
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V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

NC STATE BOARD OF ELECTIONS

P.O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS F FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name POPE		First Name ELIZABETH		Middle Name FAIRCLOTH	Suffix [REDACTED]
Home Address (NC Residential Address.) 9754 N. COLLEGE ST.				Mailing Address (if different than home address.)	
City CLARKTON	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: X X X - X X [REDACTED]			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 9754 N. COLLEGE ST.		City CLARKTON	State NC	Zip Code 28433
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)


Signature of Near Relative/Guardian (if applicable)

[REDACTED]	X
<u>10/1/2018</u>	<u> </u>
Date	Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

	State Absentee Ballot Request Form North Carolina	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
	RECEIVED OCT 05 2016 BLADEN CO. BO. OF ELECTIONS	

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information					
Last Name MONROE		First Name WILLIAM		Middle Name GASTON	Suffix SR
Home Address (NC Residential Address.) PO BOX 114		Mailing Address (if different than home address.)			
City TARHEEL	State NC	Zip Code 28392	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X			Voter Registration No. 00112	Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address


Signature of Voter (voter only) X	Signature of Near Relative/Guardian (if applicable) X
	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

3192181244 NC8W1110197 CVNC

	State Absentee Ballot Request Form North Carolina	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
	RECEIVED OCT 05 2018	

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

BLADEN CO. BD. OF ELECTIONS

on

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information					
Last Name TATUM		First Name SHELIA		Middle Name ANN DAVIS	Suffix [REDACTED]
Home Address (NC Residential Address.) 558 CAIN LOOP RD.			Mailing Address (If different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
SSN [REDACTED] X X X - X X - [REDACTED]			00000		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State N.C.
			Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig [REDACTED]	Signature of Near Relative/Guardian (if applicable) 9-26-18 X Shelia Tatum
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

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OCT 05 2013

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

On

Election Date

Voter Information

Last Name

TATUM

First Name

BENNETT

Middle Name

LYNWOOD

Suffix

Home Address (NC Residential Address.)

558 CAIN LOOP RD.

Mailing Address (If different than home address.)

City

ELIZABETHTOWN

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: / /

Registration number below. (or see instructions)

XXX - XX -

Voter Registration No.

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

558 Cain Loop Rd.

City

Elizabethtown

State

NC

Zip Code

28337

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Guardian (if applicable)

10-01-13

X

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

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elections.sboe@ncsbe.gov

~~TIME~~ ~~BEFORE~~

~~FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS C FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.~~

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name BUTLER		First Name JILL		Middle Name EDGE		Suffix [REDACTED]	
Home Address (NC Residential Address.) PO BOX 912				Mailing Address (if different than home address.) 12879 HWY 242 S.			
City BLADENBORO		State NC	Zip Code 28320	City BLADENBORO		State N.C.	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1				Voter Registration No. [REDACTED]		Phone (optional) 549-3412	
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 12879 Hwy 242 S.		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> brother /sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian	<input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)
Select one of the options below to qualify as a military or overseas voter.

Select one of the options below to qualify as a <u>military or overseas voter</u> . <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing <u>outside</u> the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sigr

Signature of Near Relative/Guardian (if applicable)

10-1-18
Date

X

25

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Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

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NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

OCT 05 2018

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: BLADEN CO. BD. OF ELECTIONS

on

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name BUTLER		First Name ROBERT		Middle Name LIVINGSTON		Suffix [REDACTED]	
Home Address (NC Residential Address.) 12879 NC 242 HWY. S.				Mailing Address (If different than home address.) PO Box 912			
City BLADENBORO	State NC	Zip Code 28320	City Bladenboro	State NC	Zip Code 28320		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)		
If "No," indicate the date of your move: 1-1-							
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]				Voter Registration No. [REDACTED]		Phone (optional) 549-3476	Email (optional) Reb19561@net2era.net

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 12879 NC 242 HWY S		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X

10-1-2018

Date


Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

32174476 NC8W0976052 CVNC

	State Absentee Ballot Request Form North Carolina <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">RECEIVED</div>	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov		
OCT 05 2018				
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.				
I am requesting an absentee ballot for the: <u>General</u> on <u>Nov. 6, 2018</u> <small>Election Type (Primary, General, Municipal, Special, etc.) Election Date</small>				
Voter Information				
Last Name GUYTON	First Name Connie	Middle Name S	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 181 SMITHS MILL POND RD.			Mailing Address (If different than home address.)	
City GARLAND	State NC	Zip Code 28441	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: X X X - X X - [REDACTED]			Voter Registration No. _____ Phone (optional) _____ Email (optional) CONNIE.SGUYTON@hotmail.com	
Absentee Voting Information				
Absentee Mailing Address (Where should the ballot be mailed?) 181 Smiths Millpond Rd			City Garland	
State NC			Zip Code 28441	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)				
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely				
Current Address (Address where you are currently stationed or living overseas.)			Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	
Signature of Voter [REDACTED]		Signature of Near Relative/Guardian (if applicable) X Date		

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Visit www.NCSBE.gov to check your voter registration or absentee voting status.
SEE REVERSE FOR ADDITIONAL INFORMATION

33192181577 NC8W1123095 CUNC



State Absentee Ballot Request Form

North Carolina

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

TIME _____ REC'D BY _____

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6 - 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name GUYTON	First Name RANDY	Middle Name LEE	Suffix	Date of Birth
Home Address (NC Residential Address.) 181 SMITHS MILL POND RD.		Mailing Address (If different than home address.)		
City GARLAND	State NC	Zip Code 28441	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below: (or see instructions) NC License or ID Number X X X - X X		Voter Registration No. 5012	Phone (optional)	Email (optional) randyguyton@hotmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Randy Guyton 181 Smiths Mill Pond Rd. Garland		City Garland	State NC	Zip Code 28441
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sig

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

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NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

BLADEN CO. BD. OF ELECTIONS

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name BLOUNT	First Name IDELLA	Middle Name M	Suffix	Date of Birth
Home Address (NC Residential Address.) 21 W. SHAW MILL RD.		Mailing Address (If different than home address.)		
City SAINT PAULS	State NC	Zip Code 28384	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: / /				
You must provide at least one identification number below. (or see instructions) NC license or ID Number. SSN X X X - X X -		Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 21 W. Shaw Mill Rd.		City Saint Pauls	State NC	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)


Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) X	Date
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Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

	RECEIVED State Absentee Ballot Request Form North Carolina OCT 05 2018	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS		

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____

Election Type (Primary, General, Municipal, Special, etc.): _____

Election Date _____

Voter Information							
Last Name LEWIS		First Name YVONNE		Middle Name		Suffix	
Home Address (NC Residential Address.) 121 CYPRESS ST.				Mailing Address (If different than home address.)			
City BLADENBORO		State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: _____ / _____ / _____				Voter Registration No. 000 000		Phone (optional)	
You must provide at least one identification number below. (or see instructions.)				Email (optional)			
<div style="border: 1px solid black; padding: 2px;"> SSN X X X - X X - [] [] [] </div>							

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: _____			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Fax Number or Email Address	

Signature of _____ <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Signature of Near Relative/Guardian (if applicable) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Date 10-1-18	Date X

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name ROUSE		First Name TAMIKA		Middle Name ANDRE		Suffix	Date of Birth
Home Address (NC Residential Address.) PO BOX 1004				Mailing Address (If different than home address.)			
City WHITEVILLE		State NC	Zip Code 28472	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1 / 1				Voter Registration No.		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X				SSN [REDACTED]		Email (optional) OCT 05 2018	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature

Signature of Near Relative/Guardian (if applicable)

X

Date

10/1/2018
Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on November 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name PHILLIPS		First Name MYRNA		Middle Name R	Suffix [REDACTED]
Home Address (NC Residential Address.) 1334 BETHEL CHURCH RD.			Mailing Address (If different than home address.) 1334 Bethel Church Rd -		
City TAR HEEL	State NC	Zip Code 28392	City TAR Heel	State N.C	Zip Code 28392-9426
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: <u>1</u> / <u>1</u> / _____			Previous Name (if applicable)		
SSN X X X - X X - [REDACTED]			Voter Registration No. 020009		
			Phone (optional) 862-2665		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City TAR Heel, N.C	State N.C	Zip Code 28392-7426
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> step parent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Signature DAUGHTER

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X Pansy Hardy September 28 2018
Date

DAUGHTER

V2013.11.

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

Scan Date	Batch	Source	Exhibit 4.2.3.1.2
2018-10-04 9:11AM	8	17	

599 of 2469

Scan Date/Time: 2018-10-04 9:11AM
Batch Number: 8
Source Code: 17
Image Number: 14
Deleted By: vpmckoy
Delete Date: 10/5/2018

English, Dan
Hall, Kayla
Hester, Carolyn } Duplicates

Hammond, Kenneth



State Absentee Ballot Request Form

North Carolina

RECEIVED

10/10/18

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name HALL		First Name KAYLA		Middle Name BARNES	Suffix	Date of Birth
Home Address (NC Residential Address.) 613 W. SEABOARD ST.				Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - X X			Voter Registration No. 000000		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name:		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter X	Signature of Near Relative/Guardian (if applicable) X
Date 10/1/18	Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

Talked with voter and she doesn't want Absentee Ballot.
Will request one for mother
Exhibit 423.1.2
UPM 10-5-18
601 of 2469
12:07 pm



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 05 2018
TIME _____ REC'D BY _____
BLADEN CO. DIV. OF ELECTIONS

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HESTER		First Name CAROLYN		Middle Name MOSER	Suffix	Date of Birth
Home Address (NC Residential Address.) 7639 CENTER RD.				Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)		
If "No," indicate the date of your move: <u> / / </u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. 000000	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 7639 Center Road		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name LORAIN M Moser 93yrs old		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 7639 Center Road		Name of Corporation (if appointed legal guardian)		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone 910-648-4179	Requestor's Email Carolynhester49@yahoo.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) X Loraine M Moser	Date 10-1-18
---	------------------------

v2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 05 2018
TIME REC'D BY
BLADEN CO. Bd. of ELECTIONS

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name HAMMOND		First Name KENNETH		Middle Name MICHAEL	Suffix	Date of Birth
Home Address (NC Residential Address): PO BOX 801				Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320		City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.				County of Residence Bladen		
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: SSN X X X - X X -				Voter Registration No. 000000	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-2-18

X

Date

Date

CSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

Scanned Batch Cover Sheet

2018-10-05 11:39AM

Exhibit 4.2.3.1.2

604 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-05 11:39AM	7	17	9675

Scan Date/Time: 2018-10-05 11:39AM

Batch Number: 7

Batch Size: 15

Source Code: 17

Batch ID: 9675

Operator: vpinckoy

Registration
Drive
Mail

USE THIS APPLICATION TO VOTE-BY-MAIL.

EXHIBIT 12-20-11



State Absentee Ballot Request Form

North Carolina

05 2010

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

TIME REC'D BY
CO. ST. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name	First Name	Middle Name	Suffix	Date of Birth	
HENDREN	JOHN	THOMAS	JR		
Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
2257 GRIMES SINGLETARY RD.					
City	State	Zip Code	City	State	Zip Code
TAR HEEL	NC	28392	Tar Heel	NC	28392
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
			Bladen		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC license or ID Number			Phone (optional)		
SSN			Email (optional)		
X X X - X X - [REDACTED]					

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?).		City	State
			Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature	Signature of Near Relative/Guardian (if applicable)
X	X
Date	Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE BY MAIL

EXHIBIT 4.2.3.1.2



State Absentee Ballot Request Form

North Carolina

1 OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov 6
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DOWLESS		First Name MICHAEL		Middle Name LEE	Suffix	Date of Birth
Home Address (NC Residential Address.) 725 SASSAFRAS RD.				Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320		City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>/ /</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX - [REDACTED]				Voter Registration No. 000000	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 725 SASSAFRAS RD.		City BLADENBORO	State N.C.	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

X

Signature of Near Relative/Guardian (if applicable)

1 Oct 2018 X

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

92174548 NC840977467 CVNC



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

NC STATE BOARD OF ELECTIONS

P.O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name BROWN	First Name MARIE	Middle Name A	Suffix [REDACTED]
Home Address (NC Residential Address.) 9236 CHICKENFOOT RD.		Mailing Address (If different than home address.) [REDACTED]	
City SAINT PAULS	State NC	Zip Code 28384	City [REDACTED]
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/			
You must provide at least one identification number below. (or see instructions)		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
SSN [REDACTED]		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/2/18 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

EXHIBIT 4.2.3.1.2



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

On

Election Date

Voter Information

Last Name COUNCIL		First Name LAVERA		Middle Name DANANG	Suffix	Date of Birth
Home Address (NC Residential Address.) 6329 CHICKENFOOT RD.				Mailing Address (If different than home address.)		
City SAINT PAULS	State NC	Zip Code 28384	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1						
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. 00000		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 6329 Chickenfoot Rd.		City St. Pauls	State NC	Zip Code 28384
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X
Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-322-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name CHAVEZ	First Name EMMA	Middle Name MAE	Suffix [REDACTED]
Home Address (NC Residential Address.) PO BOX 51 - 293 John T. Council Cemetery LN		Mailing Address (if different than home address.)	
City WHITE OAK	State NC	Zip Code 28399	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/			
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X [REDACTED]		Voter Registration No. 00112	Phone (optional) [REDACTED]
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 51		City White Oak	State NC	Zip Code 28399
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home, or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian)		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (Voter only)

Signature of Near Relative/Guardian (if applicable)

X [REDACTED]	X [REDACTED]
Date 10-1-18	Date [REDACTED]

USE THIS APPLICATION TO VOTE-BY-MAIL

EXHIBIT 1-2.3-1-2



State Absentee Ballot Request Form

North Carolina

05/05/2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on 10/11/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name TATUM		First Name LARRY		Middle Name G	Suffix JR	Date of Birth
Home Address (NC Residential Address.) 864 SWEET HOME CHURCH RD.				Mailing Address (if different than home address.) 864 Sweet Home Church Rd		
City ELIZABETHTOWN	State NC	Zip Code 28337	City ElizabethTown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1-1-1						
You must provide at least one identification number below. (or see instructions) NC license or ID Number X X X - X X - [REDACTED]			Voter Registration No. 00 012		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 864 Sweet Home Church Rd		City ElizabethTown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign X Signature of Near Relative/Guardian (if applicable) X
Date _____

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

EXHIBIT 4.2.3.1.2



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FAX: 919-715-0135

TIME

RECEIVED BY
BLADEN CO. SO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

ON

Election Date

Voter Information

Last Name RHODY		First Name MARY		Middle Name C PONE	Suffix	Date of Birth
Home Address (NC Residential Address) 134 OLD WESLEY CHAPEL RD.				Mailing Address (if different than home address.)		
City ELIZABETHTOWN		State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)		
You must provide at least one identification number below. (or NC License or ID Number)				SSN X X X - X X	Driver Registration No.	Phone (optional)
					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 134 Old Wesley Chapel RD		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

3313205850 NC8W0994682 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

EXHIBIT 4.2.3.1.2

612 of 2169



State Absentee Ballot Request Form

North Carolina

00005100

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections@sboe.ncsbe.gov

TIME RECEIVED BY
BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name WILLIS		First Name AGNES		Middle Name SANDERS	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) PO BOX 237				Mailing Address (if different than home address.) [REDACTED]		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: _____						
You must provide at least one identification number below. (or see instructions) NC license or ID Number X X X - X X			Voter Registration No. [REDACTED]		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Guardian (if applicable)

X

9-28-18
Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 5, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name ADAMS		First Name FRANCES		Middle Name GOODEN	Suffix	Date of Birth
Home Address (NC Residential Address.) 5725 NC HIGHWAY 242 S.				Mailing Address (If different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number XXX - XX			2018			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 5725 NC Highway 242 S.		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: Etown Nursing Center, Elizabethtown, NC				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Debra Adams Foster		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 7097 Twisted Hickory Rd.		Name of Corporation (if appointed legal guardian)		
City Elizabethtown	State NC	Zip Code 28337	Requestor's Phone 910 645 4265	Requestor's Email N/A

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Guardian (if applicable)

X **Debra Adams Foster, POA** **9/29/18**

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

RECEIVED
NOV 05 2013

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name NUNNERY	First Name JUSTIN	Middle Name MATTHEW	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) PO BOX 34		Mailing Address (if different than home address.)		
City TAR HEEL	State NC	Zip Code 28392	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bla den	Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/1				
You must provide at least one identification number below. (or see instructions) NC license or ID Number X X X - X X - [REDACTED]		Voter Registration No. 111 111	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign

Signature of Near Relative/Guardian (if applicable)

X

Date

voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL.



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

TIME _____ REC'D BY _____

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

On

Election Date

Voter Information

Last Name HOGAN		First Name SHAMIR		Middle Name MALIK	Suffix [REDACTED]
Home Address (NC Residential Address.) PO BOX 1004				Mailing Address (If different than home address.)	
City WHITEVILLE	State NC	Zip Code 28472	City	State [REDACTED]	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move: 1 / 1					
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable):

10-1-18 X

Date

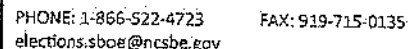
Date

V2013.11

NCsbe.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.1.2



FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.):

07

Election Date

Voter Information

Last Name COUNCIL		First Name JOANN		Middle Name	Suffix
Home Address (NC Residential Address.) 6329 CHICKENFOOT RD.			Mailing Address (if different than home address.)		
City SAINT PAULS	State NC	Zip Code 28384	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move: 1 / 1			Voter Registration No.	Phone (optional)	Email (optional)
You must provide at least one identification number below, (or see instructions) NC License or ID Number X X X - X X			SSN [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 6329 Ch. Chen Fort Rd.		City St. Pauls		State N.C.		Zip Code 28384	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State		Zip Code		Requestor's Phone	
				Requestor's Email			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address _____

Signature of Near Relative/Guardian (if applicable)

10-2-18
Date

Q3

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.1.2

618 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-05 9:41AM	5	17	9673

Scan Date/Time: 2018-10-05 9:41AM

Batch Number: 5

Batch Size: 20

Source Code: 17

Batch ID: 9673

Operator: vpmckoy

*McCrae
Dowless*



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 619 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mers</u>	First Name <u>Shanda</u>	Middle Name <u>Campbell</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>to 104 Pecan Street SA</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXX-XX</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>104 Pecan Street SA</u>	City <u>Bladenboro</u>	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> brother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian) <u>04/2013</u>	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address.

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 201

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McCoy</u>	First Name <u>Wesley</u>	Middle Name <u>Scott</u>	Suffix <u></u>
Home Address (NC Residential Address) <u>600 Hogwallard Rd</u>		Mailing Address (If different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u></u>
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. Optional	Phone (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (If appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

RECEIVED

OCT 04 2018
TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Sign X Signature of Near Relative/Legal Guardian (if applicable)
8-8-18 X
Date Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 621 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Kelly</u>	First Name <u>Nasheika</u>	Middle Name <u>Kashay</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>104 Pecan St. Apt #5B</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 04 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8-20-18

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 622 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	Timothy	A	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
123 Twisted Hickory			
City	State	Zip Code	City
Dublin	NC	28332	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: ____/____/____		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	
NC License or ID Number		Optional	
X X X - X			
		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
PO Box 254		Dublin	NC	2
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship		
		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-2-18

X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
625 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jackson</u>		First Name <u>Dennis</u>		Middle Name <u>Morgan</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1860 Berry Lewis Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Bladenboro</u>		State	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Voter Registration No. <u>[REDACTED]</u>		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City		State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED
OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-23-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 624 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Hyatt	First Name Patricia	Middle Name A	Suffix [REDACTED]
Home Address (NC Residential Address.) 303 Pecan St #4C		Mailing Address (if different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X [REDACTED]		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 694	City Bladenboro	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
Requestor's Email			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-23-18 X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Howard

First Name

Daniel

Middle Name

Suffix

Home Address (NC Residential Address:)

15590 NC 131 Hwy S

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move: ____/____/____

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

RECEIVED

OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

9/8/18

Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

626 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Howard	First Name Angela	Middle Name	Suffix
Home Address (NC Residential Address.) 15590 NC 131 Hwy S		Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/		Voter Registration No. Optional	Phone (optional) Email (optional)
You must provide at least one identification number below. (or see instructions) NC license or ID Number. SSN XXX - XX -			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/8/18 X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

627 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Holcomb

First Name

Stacy

Middle Name

Eugene

Suffix

Home Address (NC Residential Address.)

303 Pecan St #16

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Bladen

Previous Name (if applicable)

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Identification number below. (or see instructions).

ISSN

X X X - X X -

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No.

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

RECEIVED

NOV 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

8-23-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 628 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hines</u>		First Name <u>Sandra</u>		Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>200 Village St. #12 B</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
8-23-18
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 629-012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Harris

First Name

Sarah

Middle Name

E

Suffix

Home Address (NC Residential Address.)

315 Midway Dr

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

SSN

X X X - X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

same as above

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility: _____

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services of Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18 X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

630 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.bog@ncsbe.gov

FAX: 910-862-7820

207

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name HARRIS	First Name DEBRA	Middle Name J	Suffix	Date of Birth
Home Address (NC Residential Address.) 969 STORMS RD		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License and ID Number XX XX - XX -		Voter Registration No. 28320	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email RECEIVED

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

631 of 2469

201

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Harrelson		First Name Troy		Middle Name Cris	Suffix [REDACTED]
Home Address (NC Residential Address.) 315 Ash St				Mailing Address (If different than home address.)	
City Bladenboro		State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No.	
NC License or ID Number		SSN X X X - X X - [REDACTED]	Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 597		City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		Name of Corporation (If appointed legal guardian)		
State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8-22-18

Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

632 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Harrelson

First Name

Stephen

Middle Name

Troy

Suffix

Home Address (NC Residential Address.)

315 Ash St

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1/

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

P.O. Box 597

City

Bladenboro

State

NC

Zip Code

28320

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

CRIS HARRELSON

☐ spouse☐ brother/sister☒ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

PO BOX 597

Name of Corporation (If appointed legal guardian)

City

Bladenboro

State

NC

Zip Code

28320

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

C. Harrelson

8-22-18

Date

Date



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Harrelson</u>	First Name <u>Mary</u>	Middle Name <u>Buie</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>315 Ash St</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX - [REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 597</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>CRIS HARRELSON</u>	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>PO Box 597</u>	Name of Corporation (if appointed legal guardian) RECEIVED			
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

[Signature]

8-22-18

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 634 of 2469

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address:

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gupton</u>		First Name <u>Tonya</u>		Middle Name <u>Annette</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1380 Suggs Taylor Rd</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>		City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>				Voter Registration No. <u> </u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address:	

Sign <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8-14-18</u> <u>X</u>
Date	Date

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladencb.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Gibson		First Name Tiffany		Middle Name Dineen	Suffix	Date of Birth
Home Address (NC Residential Address.) 706 Chestnut Street #33				Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28326	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number		SSN X X X - X X -				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 706 Chestnut Street #33			City Bladenboro	State NC	Zip Code 28326
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 636-012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Evans	First Name Joshua	Middle Name Brian	Suffix [REDACTED]
Home Address (NC Residential Address.) 40 Fredrick Britt Rd		Mailing Address (If different than home address.) [REDACTED]	
City Elizabethtown	State NC	Zip Code 28337	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) same as above		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian)		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

9/8/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 637 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edwards</u>	First Name <u>Paula</u>	Middle Name <u>T</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>72 Ronald Britt Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)
NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email <u>0411</u>

RECEIVED
TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/8/18 X _____
Date Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 638 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edwards</u>		First Name <u>Joel</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>72 Ronald Britt Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

Si [Redacted]

9-8-18 X
Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 640 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lockamy</u>	First Name <u>Justin</u>	Middle Name <u>Callihan</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>425 Ashe St</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>29720</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No. <u>[REDACTED]</u>	Phone (optional)
NC License or ID Number <u>XXX - XX</u>	SSN <u>[REDACTED]</u>	Optional	Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>[REDACTED]</u>	TIME <u>RECD BY</u> BLADEN CO. BO. OF ELECTIONS	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a relative, list your name, address, contact information and relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Name of Corporation (if appointed legal guardian)				
Code Requestor's Phone Requestor's Email				
Signed by the voter; may not be signed by a near relative/guardian				
Signature of voter: City and currently absent from county of residence or an eligible spouse/dependent.				
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email				
Fax Number or Email Address				

Sent
Letters
Batch 9671

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18 X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
 North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
 641 of 2469
 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337
 Mailing Address
 PO Box 512
 Elizabethtown
 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov
 FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mitchell</u>	First Name <u>Andre</u>	Middle Name <u>T</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>148 Todd Britt Rd</u>		Mailing Address (if different than home address.) <u>148 Todd Britt Rd</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. <u>RECEIVED</u> Optional <u>OCT 04 2018</u>		
		Phone (optional) [REDACTED]		
		Email (optional) [REDACTED]		

Absentee Voting Information

TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1465</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
9.5.18 X
 Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 642-602469

Physical Address
3015 Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lowe</u>	First Name <u>Barbara</u>	Middle Name <u>A</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>304 Village St Apt. 1 A</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u> [REDACTED]			Voter Registration No. Optional	Phone (optional) Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED] 8-29-18 X
Date Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-05 8:50AM	3	17	9671

Scan Date/Time: 2018-10-05 8:50AM

Batch Number: 3

Batch Size: 20

Source Code: 17

Batch ID: 9671

Operator: vpmckoy

McCrae
Dowless



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
645 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>		First Name <u>Patsy</u>		Middle Name <u>Jackson</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>328 Ash St</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28330</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>/ /</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>X X X - X X</u> <u>[REDACTED]</u> SSN: <u>[REDACTED]</u>				Voter Registration No. Optional: <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
				Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address: <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] X
Date: 9-3-18



State Absentee Ballot Request Form

North Carolina

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

646 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Hilburn

First Name

Andrea

Middle Name

Benee

Suffix

Home Address (NC Residential Address.)

425 Ashe St

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

Optional

Phone (optional)

Email (optional)

RECEIVED

NOV 04 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

BLADEN CO. BD. OF ELECTIONS

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina Exhibit 4.2.3.1.2

Physical Address
301 S Cypress St
Elizabethtown NC
28337

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

647 of 2469
Mailing Address
PO Box 512
Elizabethtown, NC

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name Hughes	First Name Patsy	Middle Name K	Suffix [REDACTED]
Home Address (NC Residential Address.) 303 Pecan St #4H		Mailing Address (if different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable) [REDACTED]
If "No," indicate the date of your move: 1-1-		Voter Registration No. Optional 100104	Phone (optional) [REDACTED]
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X [REDACTED]		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name [REDACTED]				
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
648 of 2489
Physical Address
301 S Cypress St
Elizabethtown NC
28337
Mailing Address
PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name Hunt	First Name Rose	Middle Name Dowless	Suffix	Date of Birth
Home Address (NC Residential Address.) 459 EVERS RD		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: / /		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional		
NC License or ID Number	SSN X X X - X X	Phone (optional) 001 047	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
8-27-18 X
Date



State Absentee Ballot Request Form

North Carolina

10: BLADEN COUNTY BOARD OF ELECTIONS
Physical Address 301 S Cypress St
Elizabethtown NC 28337
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
649 of 2469
Mailing Address PO Box 512
Elizabethtown
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Jarmon	Odessa	P	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
10075 NC 131 Unit #2			
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1/		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number		SSN	Email (optional)
X X X - X X		RECEIVED	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
P.O. Box 166		Bladenboro	NC	28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by:	
(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

9-1-18 X

Date



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

650 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Kelley

First Name

Austin

Middle Name

Davis

Suffix

Home Address (NC Residential Address.)

19478 NC Hwy 410 S

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (a)

NC License or ID Number

SSN

X X X - X X

Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother /sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

9-1-17

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 651-672469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Lashley

First Name

Julia

Middle Name

Ann

Suffix

Home Address (NC Residential Address.)

404 S. Ashe St.

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1/18

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

BLADEN CO. BD. OF ELECTIONS

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

9/7/18

Date

X

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
Physical Address
301 S Cypress St
Elizabethtown NC
28337
Mailing Address
PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name

Leake

First Name

Samuel

Middle Name

Suffix

Date of Birth

Home Address (NC Residential Address.)

1544 NC 410

City

Bladenboro

State

NC

Zip Code

28320

Mailing Address (if different than home address.)

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move:

You must provide at least one identification number below. (or see instructions)

SSN

X X X - X X - [] [] []

County of Residence

Bladen

Previous Name (if applicable)

Voter Registration No.

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

1547 NC 410

City

Bladenboro

Zip Code

NC 28320

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot.

☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address:

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512 653 of 2469
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-16-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lewis</u>	First Name <u>Linda</u>	Middle Name <u>Kay</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>309 W Walnut 4B</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladen</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>		County of Residence <u>Bladen</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No.	Phone
			Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
9-1-18 X
Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

Physical Address
301 S Cypress St
Elizabethtown NC
28337

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

654 of 2469
Mailing Address
PO Box 512
Elizabethtown

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Long</u>	First Name <u>HPuey</u>	Middle Name <u>Earl</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>459 Evers Rd</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		SSN <u>[REDACTED]</u>	Water Registration No. Optional
		Phone (optional)	Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
TIME REC'D BY BLADEN CO. BD. OF ELECTIONS			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8-26-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

655 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Mason	Armani	D	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
36 Fredrick Britt			
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: ____/____/____		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number		Optional	Email (optional)
SSN			
X X X - X X			

RECEIVED

OCT 04 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same as above		TIME	REC'D BY	
		BLADEN CO. BD. OF ELECTIONS		
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address:

Signature of Voter (voter only)

X

9-1-18

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

IO: BLADEN COUNTY BOARD OF ELECTIONS
Physical Address 301 S Cypress St Elizabethtown NC 28337
Mailing Address PO Box 512 Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLean</u>		First Name <u>William</u>		Middle Name <u>M</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>94 Ruth Hayes Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) <u>[REDACTED]</u> SSN <u>X X X - X X - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>	Phone (optional)	Email (optional)

RECEIVED

OCT 04 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 673</u>		City <u>Bladenboro</u>	TIME <u>BLADEN CO. BO. OF ELECTIONS</u>	REC'D BY <u>NC</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
City		State	Zip Code	Name of Corporation (if appointed legal guardian)		
Requestor's Phone		Requestor's Email				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED] 8-28-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

657 of 2469
Mailing Address
PO Box 512
Elizabethtown

FAX: 910-862-7320

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Merritt

First Name

Tanya

Middle Name

Lee

Suffix

Home Address (NC Residential Address.)

9980 NC Hwy 131

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: ____/____/____

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

RECEIVED
OCT 04 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

TIME REC'D BY

City

BLADEN CO. BO. OF ELECTIONS

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Natalie Tittle

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

9980 NC Hwy 131

Name of Corporation (if appointed legal guardian)

City

Bladenboro

State

NC

Zip Code

28320

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X Natalie Tittle

8-26-18

Date

Date



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

658 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-852-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Mitchell		First Name Elizabeth		Middle Name Ann	Suffix [REDACTED]
Home Address (NC Residential Address) 201 Butler Mill Rd				Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. [REDACTED]		
SSN [REDACTED]			Phone (optional) [REDACTED]		
			Email (optional) [REDACTED]		

RECEIVED

OCT 04 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 1282		City Bladenboro	State NC	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Signature of Voter [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) X
Date 8/29/18	Date [REDACTED]



State Absentee Ballot Request Form

North Carolina

Exhibit 42312

TO: Bladen County Board of Elections
PO Box 512 659 of 2469
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladencp.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Morgan</u>		First Name <u>Tammy</u>		Middle Name <u>Lynette</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address) <u>104 Pecan St. Apt 4C</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				Registration No.		Phone	Email
You must provide at least one identification number below. (or see instructions)		SSN <u>X X X - X X</u>		[REDACTED]		[REDACTED]	

RECEIVED

OCT 04 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	TIME _____ REC'D BY _____	State	Zip Code
			BLADEN CO. BD. OF ELECTIONS		
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

OR Signature of Near Relative/Legal Guardian (if applicable)

08/29/18
Date

X

Date

www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

633-5

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Working Address
660 012469
Elizabethtown.

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Mock	Danielle		
Home Address (NC Resident Address)		Mailing Address (if different than home address.)	
706 Spinners Court #21			
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1		Bladen	
Identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)
SSN: X X X - X X -			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same		NC	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

(U) BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

661 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Morrison</u>	First Name <u>Samantha</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>349 Gaston Dr</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below: (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional [REDACTED]	Phone (optional)	Email (optional)

RECEIVED

OCT 04 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	TIME <u>BLADEN CO. BD. OF ELECTIONS</u>	State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
9-3-18 X
Date

Deleted Card Report

Exhibit 4.2.3.1.2

663 of 2469

Scan Date	Batch	Source
2018-10-02 4:41PM	8	17

Scan Date/Time: 2018-10-02 4:41PM

Batch Number: 8

Source Code: 17

Image Number: 16

Deleted By: gward

Delete Date: 10/4/2018

Scan Date	Batch Number	Source Code	Batch ID
2018-10-04 1:04PM	12	17	9665

Scan Date/Time: 2018-10-04 1:04PM
Batch Number: 12
Batch Size: 13
Source Code: 17
Batch ID: 9665
Operator: gward

Abs, Request brought i.
by Pam Benton on 10/4
bplw
(1-8 not reg.)



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 666 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name EVANS		First Name OTIS		Middle Name MITCHELL	Suffix MR	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 14970 NC 242 HWY S				Mailing Address (if different than home address.) PO Box 1076		
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN			
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)			
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. Optional [REDACTED]		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 1076		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

07/31/2018

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
667 of 2469
Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Meivin</u>		First Name <u>Sherise</u>		Middle Name <u>D.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2929 Hwy 701 N</u>				Mailing Address (if different than home address.) <u>PO Box 2167</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 2167</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u> <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> <u>[REDACTED]</u>
Date <u>1/30/18</u>	Date <u>1/30/18</u>



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 668 012469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Medlum</u>		First Name <u>Rebecca</u>		Middle Name <u>West</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>210 Bethel St.</u>				Mailing Address (if different than home address.)			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX - [REDACTED]</u> SSN: <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>210 Bethel St.</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
669 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>EVANS</u>	First Name <u>DENNA</u>	Middle Name <u>LOCKLEAR</u>	Suffix <u>MRS</u>	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>14970 NC 242 HWY S</u>		Mailing Address (If different than home address.) <u>PO Box 1076</u>			
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>			County of Residence <u>BLADEN</u>		Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX X - X X</u>			SSN [REDACTED]	Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1076</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X [REDACTED] Date 8/14/18
Signature of Near Relative/Legal Guardian (if applicable) X Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
670 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>BILLS</u>		First Name <u>AMBER</u>		Middle Name <u>NICOLLE</u>	Suffix <u>MS</u>
Home Address (NC Residential Address.) <u>14970 NC 242 HWYS</u>				Mailing Address (if different than home address.) <u>PO Box 1076</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX -</u>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1076</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

08/15/18 X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
671 of 2469

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Gregory McCollum</u>		First Name <u>Gregory</u>		Middle Name <u>Henry</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>210 Bethel St.</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions). NC License or ID Number: <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional)	
					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>210 Bethel St.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services of Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

8/21/18

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
672 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name <u>McCullum</u>		First Name <u>Morgan</u>		Middle Name <u>Kristen</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>210 Bethel St.</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>		State	Zip Code	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>210 Bethel St.</u>				City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name				Requestor's Address		
Requestor's Address				Name of Corporation (if appointed legal guardian)		
City				State	Zip Code	Requestor's Phone
						Requestor's Email

RECEIVED

TIME
OCT 04 2018
REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter [REDACTED]	Date <u>8/21/18</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>	Date
----------------------------------	------------------------	---	------



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 673 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Voter Information

Last Name

McCollum

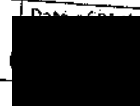
First Name

Alison

Middle Name

Michelle

Suffix



Home Address (NC Residential Address)

210 Bethel St.

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

210 Bethel St.

City

Bladenboro

State

NC

Zip Code

28320

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

RECEIVED

OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 42-3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

674 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Byrd</u>		First Name <u>Carol</u>		Middle Name <u>Lynn</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>214 Edwards Ave</u>				Mailing Address (If different than home address.) <u>Same</u>		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>				County of Residence <u>Bladen</u>		Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>				Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 04 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7/31/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
675 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HAMMOND	First Name KENNETH	Middle Name Michael	Suffix [REDACTED]		
Home Address (NC Residential Address.) 12342 NC Hwy 211 west		Mailing Address (If different than home address.) P.O. box 801			
City Bladenboro	State N.C.	Zip Code 28320	City Bladenboro	State N.C.	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) SSN [REDACTED] X X X - X X - [REDACTED]			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. box 801		City Bladenboro	State N.C.	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

10/1/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
676 of 2469
Physical Address: 301 S Cypress St
Elizabethtown NC 28337
Mailing Address: PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ransom</u>	First Name <u>Judy</u>	Middle Name <u>Lynn</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>17306 NC Hwy 342 S</u>		Mailing Address (If different than home address.) <u>Same</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Same</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED]

10/1/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

677 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Byrd</u>	First Name <u>James</u>	Middle Name <u>Brandon</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>214 Edwards Ave</u>		Mailing Address (If different than home address.) <u>Same</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address: (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X Signature of Near Relative/Legal Guardian (if applicable)
Date 10/2/18 X Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-04 12:43PM	11	17	9664

Scan Date/Time: 2018-10-04 12:43PM

Batch Number: 11


Batch Size: 1

Source Code: 17

Batch ID: 9664

Operator: gward

Abs. Request
Done 10/4/18 GAW
(Pessy Nye)

	State Absentee Ballot Request Form North Carolina	TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-856-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information							
Last Name NYE		First Name PEGGY		Middle Name MCKEE		Suffix [REDACTED]	
Home Address (NC Residential Address.) PO BOX 8				Mailing Address (if different than home address.) 403 Woodland Dr			
City ELIZABETHTOWN		State NC	Zip Code 28337	City Elizabeth Town		State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____							
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X [REDACTED]				Voter Registration No. [REDACTED]		Phone (optional) [REDACTED]	
				Email (optional)			

Absentee Voting Information							
Absentee Mailing Address (Where should the ballot be mailed?) PO Box 8, Elizabethtown NC				City		State NC	
				Zip Code 28337			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[REDACTED]	X
	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

Scan Date	Batch Number	Source Code	Batch ID
2018-10-02 4:41PM	8	17	9650

Exhibit 4.2.3.1.2

682 of 2469

Scan Date/Time: 2018-10-02 4:41PM
Batch Number: 8
Batch Size: 25
Source Code: 17
Batch ID: 9650
Operator: gward

Reg. Drive - McCrae -
10/2/18 GPW
Done! 10/



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

683 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>MOTE</u>		First Name <u>Patty</u>		Middle Name <u>Lynn</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>10008 NC Hwy 410</u>				Mailing Address (if different than home address.)		
City <u>Harrells</u>		State <u>NC</u>	Zip Code <u>28344</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		
NC License or ID Number [REDACTED]		SSN <u>X X X - X X</u>		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>10008 NC Hwy 410</u>				City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28344</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name				Requestor's Address		
Requestor's Address				Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-11-18
Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 684 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Butler</u>		First Name <u>Jessica</u>		Middle Name <u>Hannah</u>	Suffix	Date of Birth
Home Address (NC Residential Address) <u>10008 NC Hwy 41E</u>				Mailing Address (if different than home address)		
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	
NC License or ID Number SSN <u>X X X - X X</u>			Optional		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>10008 NC Hwy 41E</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 685-612469

Physical Address

301 S. Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Velarde</u>	First Name <u>Hattie</u>	Middle Name <u>Bell</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>3410 Hwy 53E</u>			Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>			County of Residence Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>SSN</u> <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>C010001</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>3410 Hwy 53E</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sig [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>8-22-18 X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on **NOVEMBER 6, 2018**
Election Date

Voter Information

Last Name Tatum First Name Maria Middle Name Delena Suffix Date of Birth [REDACTED]

Home Address (NC Residential Address.) 4257 Sweet Home Church Rd Mailing Address (if different than home address.)

City Elizabethtown State NC Zip Code 28337 City State Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1-1

You must provide at least one identification number below. (or see instructions)

NC License or ID Number XXX-XX-XXXX Voter Registration No. [REDACTED] Phone (optional) Email (optional)

County of Residence Previous Name (if applicable)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 4257 Sweet Home Ch. Rd City Elizabethtown State NC Zip Code 28337

If voter is registered as ☐ Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Non-partisan ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name Requestor's Address City State Zip Code

Name of Corporation (if appointed legal guardian)

Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable) X

8/18/18
Date

Date



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MELVIN</u>	First Name <u>DONALD</u>	Middle Name <u>GRADEN</u>	Suffix <u>MR</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>222 TURTLE COVE DRIVE</u>		Mailing Address (If different than home address.)		
City <u>WHITE LAKE</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/1</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED] SSN <u>X X X - X X</u> [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>222 TURTLE COVE DR</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
8-23-18 X
 Date Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 688 of 2469 40

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MELVIN</u>		First Name <u>DORETTA</u>		Middle Name <u>N/A</u>	Suffix <u>MRS</u>
Home Address (NC Residential Address.) <u>222 TURTLE COVE DR</u>				Mailing Address (if different than home address.)	
City <u>WHITE LAKE</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>222 TURTLE COVE DR</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable)
<u>8-23-18</u>	<u>X</u>
Date	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 689 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Tatum	First Name Robert	Middle Name Brian	Suffix	Date of Birth
Home Address (NC Residential Address.) 4257 Sweet Hm. Ch. Rd.		Mailing Address (if different than home address.)		
City Elizabethtown	State N.C.	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____				
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]			SSN X X X - X X [REDACTED]	Voter Registration No. Optional
			Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 4257 Sweet Hm. Ch. Rd.		City Elizabethtown	State N.C.	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

8-17-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 690 of 2469 *Change*
Physical Address 301 S Cypress St Elizabethtown NC 28337
Mailing Address PO Box 512 Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

OP
Add
20

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cowder</u>		First Name <u>Dominique</u>		Middle Name <u>Lee</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>432 Old Place Lane</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>432 Old Place Lane</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

691 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Caulder

First Name

Donald

Middle Name

Augustus

Suffix

Home Address (NC Residential Address)

414 Old Place Ln

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X - [REDACTED]

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

414 Old Place Ln

City

Bladenboro

State

NC

Zip Code

28320

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ LibertarianIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility: _____

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

- | | | | | |
|-------------------------------------|--|---|--|--|
| <input type="checkbox"/> spouse | <input type="checkbox"/> brother/sister | <input type="checkbox"/> parent | <input type="checkbox"/> grandparent | <input type="checkbox"/> stepparent |
| <input type="checkbox"/> child | <input type="checkbox"/> grandchild | <input type="checkbox"/> stepchild | <input type="checkbox"/> mother-in-law | <input type="checkbox"/> father-in-law |
| <input type="checkbox"/> son-in-law | <input type="checkbox"/> daughter-in-law | <input type="checkbox"/> legal guardian | | |

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Si

Signature of Near Relative/Legal Guardian (if applicable)

7-12-18

X

Date

Date



Exhibit 4.2.3.1.2

692 of 2469

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S. Cypress St.
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018
Election Date

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name

Caulder

First Name

Donald

Middle Name

Theris

Suffix

Home Address (NC Residential Address)

414 Old Place LN

Mailing Address (if different than home address)

414 Old Place LN

City

Bladenboro

State

NC

Zip Code

28320

City

Bladenboro

State

NC

Zip Code

28320

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

XXX - XX

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

414 Old Place LN

City

Bladenboro

State

NC

Zip Code

28320

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ LibertarianIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Name

Requestor's Address

City

State

Zip Code

Name of Corporation (if appointed legal guardian)

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas):

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-12-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 5, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Caulder		First Name Lee		Middle Name Augustus	Suffix [REDACTED]
Home Address (NC Residential Address.) 414 Old Place Ln				Mailing Address (if different than home address.) 414 Old Place Ln	
City Bladenboro	State NC	Zip Code 28320	City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX			Voter Registration No. Optional [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 414 Old Place Ln				City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

694 of 2469

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Caulder	Nancy	Gause	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
414 Old Place LN			
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days?		County of Residence	Previous Name (if applicable)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If "No," indicate the date of your move: / /			
You must provide at least one identification number below, (or see NC License or ID Number)		Voter Registration No. Optional	Phone (optional)
SSN XXX - XX -			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
414 Old Place LN		Bladenboro	NC	28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter:		
		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		Name of Corporation (if appointed legal guardian)		
State		Requestor's Phone		
Zip Code		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7-10-18X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

PK

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name

First Name

Middle Name

Suffix

Home Address (NC Residential Address.)

Mailing Address (If different than home address.)

City

State

Zip Code

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: _____

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No. Optional

Phone (optional)

Email (optional)

County of Residence

Previous Name (if applicable)

Bladen

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility: _____

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

City

State

Zip Code

Name of Corporation (if appointed legal guardian)

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/10/18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 696-61469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gause</u>	First Name <u>Lorne</u>	Middle Name <u>Phillip</u>	Suffix <u>Mr.</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>85 Marvin Hammond Dr.</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
7/10/18 X
Date Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 697 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>GAUSE</u>	First Name <u>Milton</u>	Middle Name <u>Timothy</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>137 MARVIN HAMMOAD DR</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED]7/10/18

Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 698-612469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Gause</u>		First Name <u>Milton</u>		Middle Name <u>Thoris</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>10859 Hwy 41 W</u>				Mailing Address (If different than home address.) <u></u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u></u>		State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>				County of Residence <u></u>		Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u></u> SSN <u>X X X - X X - [REDACTED]</u>				Voter Registration No. Optional <u></u>		Phone (optional) <u></u>	
				Email (optional) <u></u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>10859 Hwy 41 W</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: <u></u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address <u></u>			Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>		State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-10-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Rose</u>		First Name <u>Adam</u>		Middle Name <u>G</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>93 Blue moon Dr</u>				Mailing Address (If different than home address.) <u></u>	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u> Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u></u> Previous Name (if applicable) <u></u>	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional <u></u>	Phone (optional) <u></u> Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>93 Blue moon Dr</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address <u></u>

S [REDACTED] 7-10-18 X
Date Signature of Near Relative/Legal Guardian (if applicable) Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 700 OF 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Allen		First Name Kayla		Middle Name M	Suffix [REDACTED]
Home Address (NC Residential Address) 1160 Zion Hill Ch. Rd.				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: COLUMBUS COUNTY BOARD OF ELECTIONS

Physical Address: 2322 James B. White Hwy N., Whiteville, NC 28472
Mailing Address: P.O. BOX 37 WHITEVILLE, NC

PHONE: 910-640-6609 FAX: 910-640-0916
COLUMBUS.boe@ncsbe.gov

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

On

Election Date

Voter Information

Last Name Willoughby	First Name Jamie	Middle Name Lynn	Suffix [REDACTED]
Home Address (NC Residential Address.) 136 Luther Bonissan Rd.		Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____			
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]		Voter Registration No. 2-2773	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City State Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," what is the name and address of the hospital or facility:		
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address City State Zip Code		Name of Corporation (if appointed legal guardian) Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X	Signature of Near Relative/Legal Guardian (if applicable) X
Date 7/26/13	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
702 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Thompson</u>	First Name <u>Jessica</u>	Middle Name <u>P</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 9E</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro,</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>	
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>
		Requestor's Email <u>[REDACTED]</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] 7/27/18 X
Date Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
705 of 2469Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>	First Name <u>Wendy</u>	Middle Name <u>J</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1140 Zion Hall Church Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-24-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 704-692-469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Caulder</u>	First Name <u>April</u>	Middle Name <u>Denise</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>10606 Hwys 41W</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		County of Residence	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u> </u> SSN <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: <u> </u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u> </u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u> </u>		Name of Corporation (if appointed legal guardian) <u> </u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u> </u>	Requestor's Email <u> </u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u> </u>		Fax Number or Email Address <u> </u>	

Signature of Near Relative/Legal Guardian (if applicable)

7-10-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Wright	Pamela	Michelle	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
1206 W Seaboard St		P.O. Box 1295	
City	State	Zip Code	City
Bladenboro	NC	28320	Bladenboro
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1</u>		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN		Email (optional)
	X X X - X X -		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
PO Box 1295		Bladenboro	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature	Signature of Near Relative/Legal Guardian (if applicable)
X	X
Date	Date



State Absentee Ballot Request Form
North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gordon</u>		First Name <u>Tonia</u>		Middle Name <u>Marie</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>178 Butters Loop Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>[REDACTED]</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	
You must provide at least one identification number below: (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Email (optional) <u>[REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>178 Butters Loop Rd</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>			
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>		Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable) <u>[REDACTED]</u>		Date <u>5-15-18</u> X	
--	--	--------------------------	--

Scan Date	Batch Number	Source Code	Batch ID
2018-10-04 11:54AM	10	07	9663

Scan Date/Time: 2018-10-04 11:54AM

Batch Number: 10

Batch Size: 3

Source Code: 07

Batch ID: 9663

Operator: vpmckoy



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512 709 of 2469
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tokela</u>		First Name <u>Margorie</u>		Middle Name <u>Kurmay</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>23 Wilson</u>				Mailing Address (If different than home address.) <u>1879 White Lake Drive #7211</u>			
City <u>White Lake</u>		State <u>nc</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>		State <u>nc</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>[REDACTED]</u>				Voter Registration No. <u>00000060292</u>	Phone (optional) <u>910-986-7145</u>	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1879 White Lake Dr. #7211</u>		City <u>Elizabethtown</u>		State <u>nc</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No <u>n/A</u>					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable) <u>[REDACTED]</u>	Date <u>10-4-2018</u>
--	--------------------------



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>JOKELA</u>		First Name <u>ROBERT</u>		Middle Name <u>WAIN</u>	Suffix <u></u>	D <u></u>
Home Address (NC Residential Address.) <u>23 WILSON ST.</u> <u>1987 WHITE LAKE DR #</u>				Mailing Address (if different than home address.) <u>1987 WHITE LAKE DR # 7211</u>		
City <u>WHITE LAKE</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>			
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u></u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>NC</u> <u></u> SSN <u></u>			Voter Registration No. <u>00800060291-4</u>		Phone (optional) <u>986-7145</u> Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1879 WHITE LAKE DR # 7211</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u>				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>

Sign <u>X</u>	Signature of Relative/Near Guardian (if applicable) <u>10/4/2018 X</u>
Date <u></u>	Date <u></u>



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Barnhardt</u>	First Name <u>Sydney</u>	Middle Name <u>Lauren</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>11341 NC Hwy 53 West</u>		Mailing Address (if different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) <u>[REDACTED]</u> SSN: <u>XXX - XX - [REDACTED]</u>		Voter Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City <u>[REDACTED]</u>	State <u>NC</u>	Zip Code <u>28399</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference by <u>BLADEN CO. BOARD OF ELECTIONS</u> <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian)		
City <u>[REDACTED]</u>	State <u>NC</u>	Zip Code <u>28399</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

<u>[REDACTED]</u>	Signature of Relative/Near Guardian (if applicable) <u>10-4-18</u> <u>X</u>
Date	Date

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-04 9:08AM

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Scan Date	Batch Number	Source Code	Batch ID
2018-10-04 9:08AM	7	07	9660

Scan Date/Time: 2018-10-04 9:08AM

Batch Number: 7

Batch Size: 2

Source Code: 07

Batch ID: 9660

Operator: vpmckoy



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 03 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-013
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

11-6-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Evans		First Name Tyler		Middle Name BreeAnna	Suffix
Home Address (NC Residential Address.) 3886 N. Mitchell Ford Road				Mailing Address (If different than home address.)	
City Clarkton	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) SSN: XXX - XX -			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 3886 N. Mitchell Ford Road		City Clarkton	State NC	Zip Code 28433
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 03 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig

only)

Signature of Near Relative/Guardian (if applicable)

9/30/18

X

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

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OCT 03 2018

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NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

TIME _____ REC'D BY _____

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Evans</u>	First Name <u>Rylie</u>	Middle Name <u>Marie</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>3886 N. Mitchell Ford Rd</u>		Mailing Address (If different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) SSN <u>XXX - XX -</u>		Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>3886 N. Mitchell Ford Road</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 03 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter <u>[Redacted]</u>	Signature of Near Relative/Guardian (if applicable) <u>X</u>
Date <u>9/30/18</u>	Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-03 2:26PM	3	07	9653

Scan Date/Time: 2018-10-03 2:26PM

Batch Number: 3

Batch Size: 3

Source Code: 07

Batch ID: 9653

Operator: vpmckoy



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

720 of 2469
Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Fields</u>		First Name <u>Cameron</u>		Middle Name <u>Khalil</u>	Suffix <u>[Redacted]</u>
Home Address (NC Residential Address.) <u>1171 Graham Rd</u>				Mailing Address (If different than home address.) <u>[Redacted]</u>	
City <u>Riegelwood</u>		State <u>Nc</u>	Zip Code <u>28456</u>	City <u>[Redacted]</u>	State <u>[Redacted]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>[Redacted]</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. <u>[Redacted]</u>		Phone (optional) <u>[Redacted]</u>	Email (optional) <u>[Redacted]</u>
You must provide at least one identification number below. (or see instructions) NC License and ID Number <u>[Redacted]</u>		SSN <u>X X X - X X</u>		<u>[Redacted]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1171 Graham Rd</u>		City <u>Riegelwood</u>	State <u>Nc</u>	Zip Code <u>28456</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[Redacted]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[Redacted]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[Redacted]</u>		Name of Corporation (If appointed legal guardian) <u>[Redacted]</u>		
City <u>[Redacted]</u>	State <u>[Redacted]</u>	Zip Code <u>[Redacted]</u>	Requestor's Phone <u>[Redacted]</u>	Requestor's Email <u>[Redacted]</u>

RECEIVED

OCT 03 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[Redacted]</u>		Fax Number or Email Address <u>[Redacted]</u>	

Signature of Voter (only) <u>[Redacted]</u>	Signature of Relative/Near Guardian (if applicable) <u>X</u>
Date <u>[Redacted]</u>	Date <u>[Redacted]</u>



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLean</u>	First Name <u>Shantell</u>	Middle Name	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>1171 Graham Rd</u>		Mailing Address (If different than home address.)			
City <u>Biegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City <u>Biegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1171 Graham Rd</u>		City <u>Biegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 03 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

Signature: [REDACTED] Date: 10/1/18



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

723 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Mitchell	Kenneth		
Home Address (NC Residential Address)		Mailing Address (if different than home address)	
201 Butler Mill Rd			
City	State	Zip Code	City
Bladenboro	NC	28337	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number		Optional	Email (optional)
SSN			
X X X - X X - [REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 1282	Bladenboro	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			

If "Yes," what is the name and address of the hospital or facility:

Rec	If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:		
Rel	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
Cit	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
	Name of Corporation (if appointed legal guardian)		
	Zip Code	Requestor's Phone	Requestor's Email
	be signed by the voter; may not be signed by a near relative/guardian		
	Overseas voter:		
	duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.		
	overseas.)	Transmit my ballot by:	
		(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8/3/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4-23.12

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

724 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDuffie</u>	First Name <u>Grace</u>	Middle Name <u>Kathryn</u>	Suffix	Date of Birth <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2308 E Broad St</u>		Mailing Address (if different than home address.) <u>PO Box 328</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional		
NC License or ID Number	SSN <u>XXX - XX</u>	Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2014 Lancelot Dr Apt G</u>		City <u>Monroe</u>	State <u>NC</u>	Zip Code <u>2810</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Walter C McDuffie Jr</u>	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input checked="" type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address <u>2308 E Broad St</u>	Name of Corporation (if appointed legal guardian)			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-640-4302</u>	Requestor's Email <u>mcduffie50@gmail.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] 9/8/18 X
Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-02 2:04PM	5	17	9647

Scan Date/Time: 2018-10-02 2:04PM
Batch Number: 5
Batch Size: 20
Source Code: 17
Batch ID: 9647
Operator: vpmckoy

McCrae
Dowless



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 727 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>EVERETTE</u>	First Name <u>KEITH</u>	Middle Name <u>BRIAN</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1849 SWEET HOME CHURCH RD.</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence	Previous Name (if applicable)
You must provide at least one identification number below. (for see instructions) <u>[REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>KEITH EVERETTE 1849 SWEET HOME CHURCH RD</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law Requestor's Address <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>9-10-18X</u>
Date <u>[REDACTED]</u>	Date <u>[REDACTED]</u>



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 728-012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Parke</u>		First Name <u>William</u>		Middle Name <u>Keith</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1763 Guyton Rd Bladenboro NC</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX</u>			Voter Registration No. Optional <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1763 Guyton Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> Requestor's Address <u>[REDACTED]</u> City <u>[REDACTED]</u> State <u>[REDACTED]</u> Zip Code <u>[REDACTED]</u>				
Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>				
Requestor's Phone <u>[REDACTED]</u>		Requestor's Email <u>[REDACTED]</u>		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature
[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)
8/17/18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 729 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tatum</u>	First Name <u>Charles</u>	Middle Name <u>Patrick</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>124 GRAY'S LANE</u>		Mailing Address (If different than home address.) <u>124 GRAY'S LANE</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>White Lake</u>	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX-XXXX</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>124 GRAY'S LANE</u>		City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

8-17-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name WARD	First Name Willie	Middle Name Dale	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 2107 1st AVE		Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX - [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2107 1st AVE		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X**8-18-18**

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ward</u>	First Name <u>Whitley</u>	Middle Name <u>J N</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>2107 15th Ave</u>		Mailing Address (If different than home address.) <u></u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u></u>	
If "No," indicate the date of your move: <u>/ /</u>		Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional <u></u>	Phone (optional) <u></u>
		Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2107 15th Ave</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u>				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (If appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ EmailFax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

08/23/18X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 732 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

20

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Priest	First Name William	Middle Name Franklin	Suffix Jr	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 208 Village St. Apt. 4c		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

7-27-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
733 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Legions</u>		First Name <u>Tenava</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>303 Pecan St. #90</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. <small>Optional</small>	Phone (optional)	Email (optional)
SSN <u>X X X - X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/2/18 X
Date

Date

3-18



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
734 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Horton</u>		First Name <u>Tina</u>		Middle Name <u>Marie</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>395 Cabbage Rd.</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u> </u> SSN: <u> </u>				Voter Registration No. Optional		Phone (optional)	
<u>X X X - X X - [REDACTED]</u>						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	
				Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8/3/18</u>	Date <u> </u>



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
735 of 2469
Physical Address: 301 S Cypress St
Elizabethtown NC 28337
Mailing Address: PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>		First Name <u>Harold</u>		Middle Name <u>Edward</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>407 Anne St.</u>				Mailing Address (If different than home address.) <u>P.O. Box 611</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>		City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				County of Residence Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) [REDACTED] SSN <u>XXX - XX - [REDACTED]</u>				Voter Registration No. (Optional) Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
8/3/18 X
Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 736-OP2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202
B

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name <u>DEAVER</u>	First Name <u>Kristin</u>	Middle Name <u>N</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1140 Zion Hall church Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign X [REDACTED]
Signature of Near Relative/Legal Guardian (if applicable)
7/24/18 X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 737 of 2469

Physical Address:
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown:

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Deaver</u>	First Name <u>Jaeann</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>132 Dogwood Rd.</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u> / / </u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN <u>X X X - X X</u>	<u> </u>	
		Optional	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7/27/18</u>	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
738 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Deaver</u>	First Name <u>Christopher</u>	Middle Name <u>Stephen</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>1140 Zion Hill Church Rd.</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		County of Residence <u>[REDACTED]</u>	
You must provide at least one identification number below. (or see instructions) NC license or ID Number <u>X X X - X [REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (unavailable) <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7/27/18</u>	Date <u> </u>



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
739 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Daniels</u>		First Name <u>Jacqueline</u>		Middle Name <u>Inman</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1160 Zion Hill Church Rd.</u>				Mailing Address (if different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. <u> </u>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u> </u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] 8/11/18 X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
740 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Clark	Holice	Marie	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
127 Todd Britt Ct.			
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN		Email (optional)
	X X X - X X		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
319 White McEwen Rd.		Clarkton	NC	28433
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8/2/18

X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

741 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Brissan</u>		First Name <u>Tyler</u>		Middle Name <u>Randall</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1153 pleasant Grove Church Rd.</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			County of Residence	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>SSN</u> <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8/3/18
Date

X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

742 of 2469 201
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Avant</u>		First Name <u>Brenda</u>		Middle Name <u>Faye</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>324 E Popular St</u>				Mailing Address (If different than home address.)			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				County of Residence		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX</u> <u>[REDACTED]</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	
				Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u> <u>[REDACTED]</u> <u>8/3/18</u> Date	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> Date
---	---



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

743 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Pait

First Name

Kristin

Middle Name

Nicole

Suffix

Home Address (NC Residential Address.)

303 Butler Mill Rd

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ LibertarianIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Non-partisan
If "Yes," what is the name and address of the hospital or facility: ☐ Yes ☐ No

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/3/18

X

Date

Date

38764169



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 744 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CRaven</u>		First Name <u>LISA</u>		Middle Name <u>Bennett</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>Lot 16 LEE ST</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>White Lake</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>POB 7272</u>		City <u>White Lake</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	
				Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sig

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name OXENDINE		First Name JOHN		Middle Name PHILLIP	Suffix	Date of Birth
Home Address (NC Residential Address.) 2991 MARSH RD.				Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320		City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No: If "No," indicate the date of your move: ____/____/____				County of Residence Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [] [] []				Voter Registration No. Coburn	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility?				

*Sent
Letters
10-1-18
Batch
9639*

ative, list your name, address, contact information and relationship to the voter:
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Name of Corporation (if appointed legal guardian)		
Code	Requestor's Phone	Requestor's Email

Signed by the voter; may not be signed by a near relative/guardian)	
s voter: and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
es.) Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable) X Christy Blue _____ Date	
--	--

Check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.) on

Election Date

Voter Information					
Last Name AUTRY		First Name BARBARA		Middle Name JEAN	Suffix Date of Birth
Home Address (NC Residential Address.) 413 AUTRYTOWN RD.			Mailing Address (If different than home address.)		
City ELIZABETHTOWN		State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: / /			County of Residence Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC license or ID Number X X X - X X -			Voter Registration No. 00000	Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State Zip Code	Requestor's Phone	Requestor's Email


For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X	Signature of Near Relative/Guardian (if applicable) X
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	<p>NC STATE BOARD OF ELECTIONS P.O. BOX 27255 RALEIGH, NC 27611-7255</p> <p>PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov</p>
---	---	---

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.)
Election Date

Voter Information					
Last Name MOFFAT	First Name STEVEN	Middle Name LEE	Suffix	Date of Birth	
Home Address (NC Residential Address.) 583 CAPE OWEN MANOR RD.			Mailing Address (if different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) <small>NC license or ID Number</small> <div style="border: 1px solid black; padding: 2px;">X X X - X X</div>			Voter Registration No. 000000	Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 583 Cape Owen Manor Rd		City Elizabethtown	State NC
		Zip Code 28337	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting on absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign _____ <div style="border: 1px solid black; width: 100px; height: 30px; margin-top: 5px;"></div>	Signature of Near Relative/Guardian (if applicable) <div style="border: 1px solid black; width: 100px; height: 30px; margin-top: 5px;"></div> <div style="text-align: right; margin-top: 10px;"> 9-29-18 <small>Date</small> </div>
---	--

V2013.1.1

Visit www.NCSBE.gov to check your voter registration or absentee voting status.
SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

All Elect. & RS
Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name SINGLETERY	First Name TONY	Middle Name LARAN	Suffix	Date of Birth
Home Address (NC Residential Address.) 227 ROUND BRANCH RD.		Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [] [] []		Voter Registration No. 000000	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 227 Round Branch Rd		City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sbde@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

Nov 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name GANTT		First Name MARY		Middle Name JANE	Suffix [REDACTED]
Home Address (NC Residential Address.) 34 KILDEE DR.				Mailing Address (If different than home address.) [REDACTED]	
City HARRELLS	State NC	Zip Code 28444	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1-1			Previous Name (If applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 34 Kildee Drive		City Harrells	State NC	Zip Code 28444
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (If appointed legal guardian)		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

Nov 29, 2018 **X**

Date

Date

SEE REVERSE FOR ADDITIONAL INFORMATION

Scan Date	Batch Number	Source Code	Batch ID
2018-10-02 2:17PM	6	17	9648

Scan Date/Time: 2018-10-02 2:17PM

Batch Number: 6

Batch Size: 17

Source Code: 17

Batch ID: 9648

Operator: gward

Brought in by Ms.
Lola Wooten on
10/2/18 - GPW
(4 not reg.)



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 753 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Drake</u>	First Name <u>Nelson</u>	Middle Name <u>R.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>8447 NE Hwy 53 West</u>		Mailing Address (If different than home address.)		
City <u>White Oak</u>	State	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>		RECEIVED OCT 02 2018		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
8/22/18 X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Carterwright</u>		First Name <u>Eva</u>		Middle Name <u>Mae</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address): <u>469 Hwy 53 West</u>				Mailing Address (If different than home address): <u>P.O. Box 1356</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable) RECEIVED	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No. Optional		Phone (optional) Email (optional) OCT 02 2018	
You must provide at least one identification number below. (for see instructions): NC License or ID Number <u>XXX - XX</u>			[REDACTED]			

TIME _____ RECD BY _____
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Shante Carterwright</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input checked="" type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>469 Hwy 53 West</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Shante Carterwright
Date

8-23-18
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 755 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Conkright</u>		First Name <u>Theodore</u>		Middle Name <u>Merritt</u>	Suffix
Home Address (NC Residential Address) <u>469 Hwy 53 West</u>		Mailing Address (if different than home address.)			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. Optional		
SSN <u>XXX - XX</u>			Phone (Optional) Email (Optional) RECEIVED OCT 02 2018		

Absentee Voting Information				TIME	REC'D BY
Absentee Mailing Address (Where should the ballot be mailed?)				BLADEN CO. BD. OF ELECTIONS	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				City	State
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				Zip Code	
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Shante Conkright</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
Requestor's Address <u>469 Hwy 53 West</u>		<input type="checkbox"/> child <input checked="" type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
City <u>Elizabethtown</u>		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
State <u>NC</u>		Name of Corporation (if appointed legal guardian)			
Zip Code <u>28337</u>		Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>Shante Conkright</u>
Date	Date <u>8-23-18</u>



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 756 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLaurin</u>		First Name <u>Doris</u>		Middle Name	Suffix
Home Address (NC Residential Address) <u>644 Avenue Avenue</u>				Mailing Address (if different than home address)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>					
You must provide at least one identification number below. (NC License or ID Number)		SSN <u>X X X - X X</u>	Voter Registration No. <u> </u> <small>Optional</small>	Phone (optional) <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	

RECEIVED
OCT 02 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," what is the name and address of the hospital or facility: <u> </u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable) <u> </u>	Date <u>8-22-2018</u>
--	--------------------------



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 757 of 2469

Physical Address
301 S Cypress St
Elizabethtown, NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Pone</u>	First Name <u>Arkeivia</u>	Middle Name	Suffix	Date of Birth	
Home Address (NC Residential Address.) <u>70 Hayes McKoy Rd.</u>			Mailing Address (if different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below, for see instructions: NC License or ID Number			Voter Registration No. Optional		
SSN <u>X X X - X X</u>			Phone (optional) Email (optional)		
RECEIVED OCT 10 2018					

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		Requestor's Address	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature	
<u>X</u>	3 Signature of Near Relative/Legal Guardian (if applicable) <u>8-12-18</u> <u>X</u> Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 758 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Carpenter</u>		First Name <u>Alwis</u>		Middle Name <u>V</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>81 Hayes McKoy Rd</u>				Mailing Address (if different than home address.) <u>P.O. Box 73</u>		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/18</u>						
You must provide at least one identification number below. (or see instructions): NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional		Phone (optional)	
					Email (optional)	

RECEIVED

OCT 02 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME	REC'D BY
			BLADEN CO. BD. OF ELECTIONS	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature [REDACTED]	Date <u>8/22/18</u>	3 Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>	Date
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Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 259 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLaurin</u>		First Name <u>Artis</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address) <u>644 Avenue Avenue</u>				Mailing Address (If different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1 / 1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional [REDACTED]		Phone (optional)	Email (optional)

RECEIVED

OCT 02 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME REC'D BY BLADEN CO. BOARD OF ELECTIONS
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter: X [REDACTED] Date: 8-22-2018

Signature of Near Relative/Legal Guardian (if applicable): X Artis McLaurin Date: 8-22-2018



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 760 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-5951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jessup</u>		First Name <u>Donald</u>		Middle Name	Suffix	Date of Birth
Home Address (Not Residential Address) <u>202 Avenue Avenue</u>				Mailing Address (If different than home address.)		
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

RECEIVED

OCT 02 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME	SEND BY	Zip Code
				BLADEN CO. BD. OF ELECTIONS	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No.					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas:)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address:

Signature of Near Relative/Legal Guardian (if applicable)
8-22-2018 X
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 761 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Johnson</u>		First Name <u>Alison</u>		Middle Name <u>Bernie</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>98 avenue ave.</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (for see instructions) NC License or ID Number [REDACTED]			Voter Registration No. Optional [REDACTED]		
SSN <u>X X X - X X</u>			Phone (optional) RECEIVED		
			Email (optional)		

OCT 02 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME	REC'D BY	State	Zip Code
					BLADEN CO. BO. OF ELECTIONS	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 762 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lloyd</u>		First Name <u>Sally</u>		Middle Name <u>m.</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>148 Avenue</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below, for see instructions. NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional		Phone (optional) <u>RECEIVED</u> <u>OCT 02 2018</u>

Absentee Voting Information

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services of Health Care Reserve and currently absent from county of residence or an eligible spouse/dependent.

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 769 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Richardson		First Name Sabrina		Middle Name L.	Suffix	Date of Birth
Home Address (NC Residential Address.) 8110 Hwy 53 West				Mailing Address (if different than home address.)		
City White Oak		State NC	Zip Code 28399	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX				Voter Registration No. Optional		Phone (optional) Email (optional)

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OCT 02 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
TIME REC'D BY BLADEN CO. BD. OF ELECTIONS				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-22-2018X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
764 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lloyd</u>	First Name <u>Rickey</u>	Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>		
Home Address (NC Residential Address) <u>672 Avenue Ave.</u>		Mailing Address (if different than home address.) <u>P.O. Box 2781</u>			
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (For see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

RECEIVED

OCT 02 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City <u>Bladen Co. Bd. of Elections</u>	TIME <u>RECEIVED</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

2 Signature of Near Relative/Legal Guardian (if applicable)

8-22-2018 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

765 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

ELLISON

First Name

BUCKSON

Middle Name

M.

Suffix

Date of Birth

Home Address (NC Residential Address.)

10898 S College St

Mailing Address (if different than home address.)

City

Clarkton

State

NC

Zip Code

28433

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move: 1/1

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

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OCT 02 2018

Absentee Voting Information

TIME RECD BY

BLADEN CO. BD. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ LibertarianIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Non-partisanIf "Yes," what is the name and address of the hospital or facility? ☐ Yes ☐ No

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18

X

Date

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-02 1:38PM	4	17	9646

Scan Date/Time: 2018-10-02 1:38PM

Batch Number: 4

Batch Size: 5

Source Code: 17

Batch ID: 9646

Operator: vpmckoy



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DICICCO		First Name CYNTHIA		Middle Name ANN	Suffix [REDACTED]
Home Address (NC Residential Address.) 7662 NC 242 HWY. S.				Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
SSN [REDACTED]			Phone (optional)		
X X X - X X - [REDACTED]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 7662 NC 242 Hwy S		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter [REDACTED]	Signature of Near Relative/Guardian (if applicable) X
Date 9/27/18	Date

Visit www.ncsbe.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name LEWIS		First Name JANICE		Middle Name LONG	Suffix	Date of Birth
Home Address (NC Residential Address.) 5218 MARSH RD.				Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence			Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number SSN X X X - X X						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 5218 Marsh Road		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (if applicable)	Signature of Near Relative/Guardian (if applicable)
	X
Date	Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name WALTERS		First Name EDWARD		Middle Name SCOTT	Suffix [REDACTED]
Home Address (NC Residential Address.) 1889 PEANUT PLANT RD.				Mailing Address (if different than home address.) [REDACTED]	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. 06000	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1889 Peanut Plant Road		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address


Signature of Near Relative/Guardian (if applicable) <u>[Signature]</u> Date <u>11/29/18</u>	Date <u>X</u>
---	---------------

V2018.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

192175192 NC8W8994889 CVNC

	State Absentee Ballot Request Form North Carolina	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name WALTERS		First Name MARTHA		Middle Name S	Suffix [REDACTED]
Home Address (NC Residential Address.) 1889 PEANUT PLANT RD.			Mailing Address (if different than home address.) [REDACTED]		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Peele		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC license or ID Number SSN X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]		
			Phone (optional) [REDACTED]		
			Email (optional) [REDACTED]		

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) 1889 PEANUT PLANT ROAD			City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)			
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address:	

Signature X [REDACTED]	Signature of Near Relative/Guardian (if applicable) X [REDACTED]
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MITCHELL		First Name SHANEQUE		Middle Name SHANTELL		Suffix [REDACTED]	
Home Address (NC Residential Address.) 3371 CROMARTIE RD.				Mailing Address (If different than home address.) P.O. Box 864			
City ELIZABETHTOWN	State NC	Zip Code 28337		City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen			
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)			
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X				Voter Registration No. Options		Phone (optional) [REDACTED]	
				Email (optional) [REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 864			City Elizabethtown		State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (not required)

Signature of Near Relative/Guardian (if applicable)

9-29-18

X

Date

Date

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

— FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES —

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name PERRITT		First Name JUDY		Middle Name VAN	Suffix	Date of Birth
Home Address (NC Residential Address.) 509 E POPLAR ST				Mailing Address (If different than home address.) P O BOX 742		
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN	Previous Name (if applicable)		
If "No," indicate the date of your move: ____/____/____						
Identification number below. (or see instructions) SSN [REDACTED] X X X - X X - [REDACTED]			Voter Registration No. 000000009005	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
		Name of Corporation (If appointed legal guardian)		
City		State	Zip Code	Requestor's Phone
				Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date


Date

Verified for
Absentee
Ballot

STATE OF NORTH CAROLINA DMV

J. E. B. ...
Commissioner of Motor Vehicles

DRIVER LICENSE [REDACTED]



JULIA CHESHIRE PERRITT
509. POPLAR STREET
BLADENBORO NC 28320

class: C endors: None restr: None
issued: 12-05-2012 expires: 02-28-2021
sex: F ht: 5-04 eyes: BRO hair: BLO race: [REDACTED]
birthdate: [REDACTED]

BLADEN COUNTY BOARD OF ELECTIONS

PO BOX 512

ELIZABETHTOWN, NC 28337

Phone: (910) 862-6951 • Fax: (910) 862-7820 • elections@bladenco.org

September 25, 2018

TO: JUDY VAN PERRITT
P O BOX 742
BLADENBORO, NC 28320

RE: ABSENTEE BALLOT REQUEST
VOTER: JUDY VAN PERRITT

We received your request for an absentee ballot for the 11/06/2018 GENERAL ELECTION. We are unable to issue absentee voting materials to the voter named above at this time because of the following reason:

UNMATCHED ID

The NC driver license or state-issued identification number, or the last four digits of your social security number provided on your absentee ballot request form conflicts with the identification information on your existing voter record.

Under state law, you must provide your NC driver license or state-issued identification number, or a copy of one of the following: (1) A current and valid photo identification, or (2) A document that shows the current name and residential address of the voter (e.g. a current utility bill, bank statement, government check, paycheck, or other government document). Please complete and sign the enclosed *State Absentee Ballot Request Form* and return the form to our office no later than 5:00 p.m. on 10/30/2018 - the last Tuesday prior to Election Day.

If you have any questions, you may contact your county board of elections at (910) 862-6951.

Scan Date	Batch Number	Source Code	Batch ID
2018-10-27 12:20PM	8	17	9911

Scan Date/Time: 2018-10-27 12:20PM

Batch Number: 8

Batch Size: 11

Source Code: 17

Batch ID: 9911

Operator: cwilliams



Exhibit 4.2.3.1.2

Elizabethtown, NC 28337

778 of 2469

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Melvin</u>		First Name <u>Sadie</u>		Middle Name <u>S.</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>208 Mercer mill Rd</u>				Mailing Address (If different than home address.) <u>208 Mercer mill Rd</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>			
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)			
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>			Voter Registration No. <u>Bladen</u>	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)
X [Signature]
Date _____



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name PRIEST	First Name MAXINE	Middle Name THOMPSON	Suffix	Date of Birth
Home Address (NC Residential Address.) 510 N SINGLETARY ST		Mailing Address (if different than home address.)		
City CLARKTON	State NC	Zip Code 28433	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)	
If "No," indicate the date of your move: / /				
You must provide at least one identification number below. (or NC License or ID Number)		Voter Registration No. 00000018585	Phone (optional)	Email (optional)
SSN X X X - X X				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
X
Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name MCEACHERN		First Name ZELDA		Middle Name RUTH	Suffix
Home Address (NC Residential Address.) PO BOX 773			Mailing Address (If different than home address.)		
City CLARKTON	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX SSN [REDACTED]			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 773		City Clarkton	State NC
		Zip Code 28433	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name O. Lynn McEachern		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input checked="" type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address P.O. Box 773		Name of Corporation (if appointed legal guardian)	
City Clarkton	State NC	Zip Code 28433	Requestor's Phone (910) 976-5546
		Requestor's Email lmceachern@gmail.com	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address BLADEN CO. BD. OF ELECTIONS

Signature of Near Relative/Guardian (if applicable) O. Lynn McEachern	
Date 10/24/18	Date 10-24-18

V2018.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

43313207701 NC8W1122199 IVWC



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-013
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Davis	First Name Lula	Middle Name Johnson	Suffix [REDACTED]
Home Address (NC Residential Address.) 733 Chicken Foot Rd		Mailing Address (if different than home address.) [REDACTED]	
City Tar Heel	State NC	Zip Code 28392	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence Bladen	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X [REDACTED]		Voter Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 733 Chicken Foot Rd.		City Tar Heel	State NC	Zip Code 28392
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name [REDACTED] <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address [REDACTED]		Name of Corporation (If appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Signature of Near Relative/Guardian (if applicable)

X

10/23/18
Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



Exhibit 4.2 3.1.2
State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0113
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Jackson		First Name Denise		Middle Name W	Suffix
Home Address (NC Residential Address.) 706 Chestnut St Apt 19				Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____				County of Residence Bladen	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X				Voter Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 318 TACSON DR		City Fayetteville	State N.C.	Zip Code 28305
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name (First) (Middle) (Last) (Suffix) <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 27 2018

REC'D BY
BLADEN CO. SO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-13-18 X

Date

Date

Not from www.NCSBE.gov if any of the pre-printed information above is incorrect.
Go to www.NCSBE.gov to check your voter registration or absentee voting status.



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS

P.O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-013

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL

on

11/6/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Smoak		First Name Margie		Middle Name M-	Suffix
Home Address (NC Residential Address.) 11591 NC 41 Hwy W				Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____				County of Residence Bladen	Previous Name (if applicable)
Identification number below. (or see instructions) SSN X X X - X X - ____				Voter Registration No.	Phone (optional) 910-648-4692
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 11591 Hwy 41 W.		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name (First, Middle, Last, Suffix) <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-23-18 X

Date

Date

You can request a new absentee ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0100
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dove</u>		First Name <u>Edison</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>382 Guyton Rd.</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>		State <u>N.C.</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX-XXXX</u>				Voter Registration No. <u>57561</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>382 Guyton Rd.</u>				City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[Redacted]</u> Requestor's Address <u>[Redacted]</u> City <u>[Redacted]</u> State <u>[Redacted]</u> Zip Code <u>[Redacted]</u>						
Name of Corporation (if appointed legal guardian)						
Requestor's Phone				Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

<u>[Redacted]</u> Date <u>10-22-18</u>	<u>X</u> Date <u>10-22-18</u>
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State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-06-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Little</u>	First Name <u>Rodney</u>	Middle Name <u>Eric</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>4816 Twisted Hickory Rd</u>		Mailing Address (if different than home address.) <u>PO Box 604</u>		
City <u>Elizabeth Town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Dublin</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)	
Voter Registration No. <u>0000026588</u>			Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 604</u>		City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

0-18-18X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-855-522-4723

FAX: 919-715-0111

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Midterm Election on November 6th
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mote</u>	First Name <u>Jonathan</u>	Middle Name <u>Edward</u>	Suffix <u>Mr.</u>
Home Address (NC Residential Address.) <u>1004 Storms rd</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX</u>		Voter Registration No. <u>Optional</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>207 Westwood Pl</u>		City <u>Asheville</u>	State <u>NC</u>	Zip Code <u>28806</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address City State Zip Code		Name of Corporation (if appointed legal guardian) <u>Bladen Co. Bd. of Elections</u>		
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Sign

Signature of Near Relative/Guardian (if applicable)

10-17-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-06-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information


Last Name <u>Tatum</u>		First Name <u>Virginia</u>		Middle Name <u>Mae</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>549 Hwy 410 Apt. 8-B</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1-</u>					
You must provide at least one identification number below. (or see instructions) <small>NC License or ID Number</small> <u>XXX-XX-[REDACTED]</u>			Voter Registration No. <u>00000051756</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Virginia Mae Tatum</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter. <small>Requestor's Name</small> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian) Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas:)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) <u>10-18-18</u> X <small>Date</small>	<small>Date</small>
---	---------------------

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	<p>NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255</p> <p>PHONE: 1-866-522-4723 FAX: 919-715-0135 elections@sboe.nc.gov</p>
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: MID-TERM on NOV. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>HUFHAM</u>		First Name <u>MARGUERITE</u>		Middle Name <u>LEWIS</u>	Suffix
Home Address (NC Residential Address.) <u>231 MITCHELL FORD ROAD</u>			Mailing Address (if different than home address.) <u>P.O. BOX 345</u>		
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable) 		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>[REDACTED]</u> SSN <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>	Phone (optional) 	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. BOX 345</u>			City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: 					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) 			
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address: <u>[REDACTED]</u>

Signature of Voter (voter only) <u>X</u> <u>[REDACTED]</u> Date <u>10-19-18</u>	Signature of Near Relative/Guardian (if applicable) <u>X</u> <u>[REDACTED]</u> Date <u> </u>
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Scan Date	Batch Number	Source Code	Batch ID
2018-10-26 4:53PM	13	17	9903

Scan Date/Time: 2018-10-26 4:53PM
 Batch Number: 13
 Batch Size: 1
 Source Code: 17
 Batch ID: 9903
 Operator: cwilliams



State Absentee Ballot Request Form

North Carolina

OCT 27 2018

Exhibit 4.2.3.1.2

791 of 2469

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Melvin</u>	First Name <u>Patricia</u>	Middle Name <u>Melvin</u>	Suffix	Date of Birth	
Home Address (NC Residential Address.) <u>859 River Rd</u>		Mailing Address (if different than home address.) <u>959 Dewitt Gooden Rd</u>			
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number <u>XXX - XX -</u>			SSN <u>XXX - XX -</u>		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>David Richard Gooden</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input checked="" type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>959 Dewitt Gooden Rd</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u>	Signature of Relative/Near Guardian (if applicable) <u>X</u> <u>David Richard Gooden</u>
Date	Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-25 12:44PM	8	17	9884

Scan Date/Time: 2018-10-25 12:44PM
Batch Number: 8
Batch Size: 19
Source Code: 17
Batch ID: 9884
Operator: cwilliams



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 794 of 2469

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Kelly</u>		First Name <u>David</u>		Middle Name <u>G</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>3332 Old Abbottsburg Rd</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX-</u> [REDACTED]				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	TIME <u>BLADEN CO. CO. OF ELECTIONS</u>	REC'D BY	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

8-23-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
795 of 2469Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bryan</u>	First Name <u>Francis</u>	Middle Name <u>Renee</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1902 Horseshoe Rd.</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>/ /</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u> SSN		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-26-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

PID

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jones</u>		First Name <u>Allison</u>		Middle Name <u>Nicole</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>3539 N. Mitchell Ford Rd</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Clarrton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>BLADEN CO. CO. OF ELEC</u>	State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
X
Date 8-1-2018



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 797 of 2469

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Johnson	Tyler	J	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
61 Butter Church Rd			
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: / /			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number		Optional	Email (optional)
XXX - XX - [REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same	Bladenboro	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference:			
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (only) [REDACTED] Date 11-6-18

Signature of Near Relative/Legal Guardian (if applicable) X Date _____



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

10

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jones</u>		First Name <u>Brandon</u>		Middle Name <u>Lee</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>3539 N. Mitchell Ford Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			County of Residence <u> </u>		
You must provide at least one identification number below. (or SSI) NC License or ID Number <u> </u> SSI <u> </u> <u>X X X - X X</u>			Voter Registration No. <u> </u> Phone (optional) <u> </u> Email (optional) <u> </u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u> </u>	State <u> </u>	Zip Code <u> </u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: <u> </u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name <u> </u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u> </u>		Name of Corporation (if appointed legal guardian) <u> </u>		
City <u> </u>	State <u> </u>	Zip Code <u> </u>	Requestor's Phone <u> </u>	Requestor's Email <u> </u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u> </u>		Fax Number or Email Address <u> </u>	

Signature of Near Relative/Legal Guardian (if applicable)
8-1-18 X
Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
799 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Storms</u>		First Name <u>Willard</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>2434 Gupton Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8-18</u>	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 800-612-2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>West</u>	First Name <u>Megan</u>	Middle Name <u>Victoria</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>123 Stepfies Way</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> / / </u>			
You must provide at least one identification number below. (or see [REDACTED])		Voter Registration No. Optional	Phone (optional) Email (optional)
NC License or ID Number	SSN <u>X X X - X X - [REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
X 7-31-18 X
Date Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 801 of 2469

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DALL</u>	First Name <u>Bruce</u>	Middle Name <u>DeHaven</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>271 Bethel Church Rd</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Farm Hill</u>	State <u>NC</u>	Zip Code <u>28342</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>[REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Bladen Co. Ed. of Elections</u>	State <u>NC</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
802 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS F FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information			
Last Name <u>Dove</u>	First Name <u>Edison</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>382 Guyton Rd</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NCLicense or ID Number. SSN <u>X X X - X X -</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Bladenboro</u>	State <u>NC</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		City <u>Bladenboro</u>	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8-6-18</u>	Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
805 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsba.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edwards</u>		First Name <u>Joy</u>		Middle Name <u>Lynn</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>26 Hundred Green Log Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - X [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
			Optional		Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (voter only) <u>X [REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>[REDACTED]</u>
Date <u>8-10-18</u>	Date <u>[REDACTED]</u>



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 804-624-69

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edwards</u>		First Name <u>Rufus</u>		Middle Name <u>B</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>639 Oak Grove Church Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>/ /</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
8-7-18 X
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 805 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

PIC

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Towler		First Name Bonnie		Middle Name Canady		Suffix [REDACTED]	
Home Address (NC Residential Address.) 3458 Mitchell Ford Rd.				Mailing Address (if different than home address.) [REDACTED]			
City Clarkton		State NC	Zip Code 28433	City [REDACTED]		State NC	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: 1/1/18				County of Residence [REDACTED]		Previous Name (if applicable) [REDACTED]	
You must provide at least one identification number below. (or see instruction.) NC License or ID Number XXX - XX [REDACTED]				Voter Registration No. [REDACTED] Optional		Phone (optional) [REDACTED] Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City [REDACTED]		State NC	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: [REDACTED]					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name [REDACTED] <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address [REDACTED]		Name of Corporation (If appointed legal guardian) [REDACTED]			
City [REDACTED]	State NC	Zip Code [REDACTED]	Requestor's Phone [REDACTED]		Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Signature of Near Relative/Legal Guardian (if applicable)

7:30-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 806-692469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gaulton</u>		First Name <u>Mould</u>		Middle Name <u>Tellie</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>7463</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions)			Voter Registration No. <small>Optional</small>	Phone (optional)	Email (optional)
<u>[REDACTED]</u> <small>SSN</small> <u>X X X - X X - [] [] []</u>				<u>615</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>7463</u> <u>Bladenboro</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as: <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
7-30-18 X
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Harreison</u>	First Name <u>Clinton</u>	Middle Name <u>Bruce</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>7820 NE 131</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			
You must provide at least one identification number below. (or see instructions)		Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
NC License or ID Number <u>XXX - XX</u>	SSN <u>[REDACTED]</u>	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
7/30/18
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 808 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jackson</u>	First Name <u>Denette</u>	Middle Name <u>Bri H</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>3951 N Mitchell Ford Rd</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX [REDACTED]</u> SSN: <u>[REDACTED]</u>		Voter Registration No.: <u>[REDACTED]</u> <small>Optional</small>	Phone (optional) <u>715 [REDACTED]</u> Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

BLADEN CO. BO. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ EmailFax Number or Email Address
[REDACTED]Sign: [REDACTED]XSignature of Near Relative/Legal Guardian (if applicable)
8/14/18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 809-62469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bordeaux</u>	First Name <u>Nancy</u>	Middle Name <u>Duncan</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>2238 Owen Hill Rd.</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: ____/____/____				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

8-1-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p25

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Bright	First Name Hope	Middle Name Zanetta	Suffix [REDACTED]
Home Address (NC Residential Address.) 7548 Mercer Mill Rd.		Mailing Address (If different than home address.) [REDACTED]	
City Clarkston	State NC	Zip Code 28433	City [REDACTED]
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/18		[REDACTED]	
You must provide at least one identification number below. (For see instructions) NC License or ID Number: XXX - XX		Voter Registration No. Optional	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

7/29/18

Date

X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
811 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name CONNOR	First Name ECLA	Middle Name LEE	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 156 SINGLETARY MILL POND RD		Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN XXX - XX [REDACTED]		Voter Registration No. CONFIRMED	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME	City BLADEN CO. BO. OF ELEC	State NC	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
X
Date Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
812 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>	First Name <u>Dennis</u>	Middle Name <u>W</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2181 Guyton Rd.</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/1</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-25 12:42PM	7	17	9883

Exhibit 4.2.3.1.2

814 of 2469

Scan Date/Time: 2018-10-25 12:42PM
 Batch Number: 7
 Batch Size: 25
 Source Code: 17
 Batch ID: 9883
 Operator: cwilliams



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

815 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name <u>Pidgeon</u>	First Name <u>Phonda</u>	Middle Name <u>G</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>11233 Hwy 242 South</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. <u>10015</u> Phone (optional) <u>803 15 21</u> Email (optional)		

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1101</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-13-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.12

TO: BLADEN COUNTY BOARD OF ELECTIONS
Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mathis</u>		First Name <u>Deborah</u>		Middle Name <u>J</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1160 Sandy Ridge Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>			Voter Registration No. <u>[REDACTED]</u> Optional		
			Phone (optional) <u>RECEIVED</u> <u>OCT 15 2018</u>		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 792</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
8-4-18 X
Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
Physical Address: 301.5 Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

P-40

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gardner</u>	First Name <u>Alyssa</u>	Middle Name <u>N</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>201 Oliver lane</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX - XX</u> [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u> [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>09-04-18 X</u>
Date	Date



State Absentee Ballot Request Form
North Carolina

Exhibit 42-2-12

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

818 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Brammer</u>	First Name <u>Donald</u>	Middle Name <u>L</u>	Suffix	Date of Birth
Home Address (NC Residential Address) <u>908 W King St</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: ____/____/____				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>ELIZABETHTOWN</u>	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

9-4-18 X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
819 of 2469
Physical Address:
301 S Cypress St
Elizabethtown NC
28337
Mailing Address:
PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information							
Last Name <u>Burney</u>		First Name <u>Teresa</u>		Middle Name <u>A</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>7585 Hwy 53 West</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>[REDACTED]</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>/ /</u>				Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>				Voter Registration No. Optional <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information							
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>		State <u>[REDACTED]</u>		Zip Code <u>[REDACTED]</u>	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>					
City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>		Requestor's Email <u>[REDACTED]</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

8/31/18X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hudson</u>	First Name <u>Jimmy</u>	Middle Name <u>C</u>	Suffix <u>Sr</u>
Home Address (NC Residential Address.) <u>95 West Hester St</u>		Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>/ /</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable) <u>8-30-18 X</u>	Date <u>8-30-18</u>
---	------------------------



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
821 of 2469
Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Shackley</u>		First Name <u>Dara</u>		Middle Name <u>R</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>4511 River Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>NC</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services of Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):
[REDACTED]

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:
[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

8-31-18 X
Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
822 of 2469
Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tatum</u>		First Name <u>Gregory</u>		Middle Name <u>Brooks</u>	Suffix
Home Address (NC Residential Address.) <u>2023 Sweet Home Church Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X -</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference by: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Unaffiliated				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8-26-18</u>	Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
823 of 2469
Physical Address: 301 S Cypress St
Elizabethtown, NC 28337
Mailing Address: PO Box 512
Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Huggins</u>		First Name <u>Teresa</u>		Middle Name <u>Lynn</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>110 Devere Lane</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>			County of Residence <u>[REDACTED]</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>			Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>110 Devere Lane</u>		City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

TIME 11:15 REC'D BY BLADEN CO. BOE OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address: <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] 8-22-18 X
Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
824 of 2469
Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CAMACHO</u>		First Name <u>CLAUDIA</u>		Middle Name <u>J</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>128 GRAYS LN</u>				Mailing Address (If different than home address.)	
City <u>ELIZABETHTOWN</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence. Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional	Phone (optional) Email (optional)
NC License or ID Number		SSN <u>XXX - XX - [REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address.

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] 8/22/18 X
Date Date



State Absentee Ballot Request Form

North Carolina

Exhibit 42312

10: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

825 of 2469 P. 20
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>matushin</u>	First Name <u>Jennifer</u>	Middle Name <u>M</u>	Suffix <u></u>	Date of Birth <u></u>
Home Address (NC Residential Address.) <u>10987 South College St</u>			Mailing Address (If different than home address.) <u></u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u></u>	
If "No," indicate the date of your move: <u>/</u> <u>/</u> <u></u>			Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X -</u>			Voter Registration No. Optional <u></u>	Phone (optional) <u></u>
			Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u></u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u></u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>	Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>
		Requestor's Email <u></u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature of Voter X 8-23-18 Date
Signature of Near Relative/Legal Guardian (if applicable) X Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 826 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Williams	Melissa	Huff	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
10987 S College St #2			
City	State	Zip Code	City
Clarkton	NC	28433	Clarkton
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number		Optional	Email (optional)
SSN			
X X X - X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same	Clarkton	NC	28433
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (Voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 827-012469 p. bu.

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address:

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
walters	Ted	A	Sr
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
213 South Gillespie St Apt 2A			
City	State	Zip Code	City
Elizabethtown	NC	28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number		Optional	Email (optional)
SSN			
X X X - X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same		VA	1500	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference by: <u>NO AFFILIATION</u>				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship		
		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
8-23-18 X
Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
828 of 2469
Physical Address
301 S Cypress St
Elizabethtown NC
28337
Mailing Address
PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Norman</u>		First Name <u>Joshua</u>		Middle Name	Suffix
Home Address (NC Residential Address) <u>608 Sholar rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Elizabethtown</u>	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: BY <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature X 8-23-18
Signature of Near Relative/Legal Guardian (if applicable)
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 423.12

COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

829 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cole</u>		First Name <u>Larry</u>		Middle Name <u>R</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>6312 US 701 South</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (for see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <u> </u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date	Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
830 of 2469 P. 25
Physical Address:
301 S Cypress St
Elizabethtown NC
28337
Mailing Address:
PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Packer</u>		First Name <u>Edna</u>		Middle Name <u>F</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>194 W. Hester Street</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional <u>RECEIVED</u>		
			Phone (optional) <u>[REDACTED]</u>		
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 214</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address
[REDACTED]

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X 9-5-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 42312

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

831 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Clayton</u>	First Name <u>Christie</u>	Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>1600 Clark Street</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 191</u>	City <u>Clarkton</u>	TIME BLADEN CO. BD. OF ELEC	REC'D BY <u>NC</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>9/5/18</u>	Date <u>[REDACTED]</u>



State Absentee Ballot Request Form

North Carolina

Exhibit 423-12

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

832 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Black</u>	First Name <u>Joey</u>	Middle Name <u>R</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>74 E Carolina Ave</u>		Mailing Address (if different than home address.)	
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>/ /</u>			
You must provide at least one identification number below. (or see instructions). NC License or ID Number <u>X X X - X X</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (or near relative/guardian) <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>9-7-18</u>	Date



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

833 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Black</u>		First Name <u>Ronnie</u>		Middle Name <u>L</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>21 Holland Ave Lot 4</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>1/1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X -</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date	Date <u>9/4/18</u>



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3-12

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337

834 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbg.gov

FAX: 910-862-7820

P. 40

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Black</u>	First Name <u>Jessica</u>	Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>21 Holland Ave. Lot 4</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXX-XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>ELIZABETHTOWN</u>	TIME <u>REC'D BY</u>	State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
9-4-18 X
Date Date



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

835 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Martin</u>		First Name <u>Kenneth</u>		Middle Name <u>D</u>	Suffix <u></u>
Home Address (NC Residential Address): <u>508 Chestnut St</u>				Mailing Address (if different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u></u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below, (for see instructions) <small>NC License or ID Number</small> <u>X X X - X X</u>			Voter Registration No. <u></u> <small>Optional</small>	Phone (optional) <u>RECEIVED</u>	Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u></u>	TIME <u>BLADEN CO. BO. OF ELECTIONS</u>	REC'D BY <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility: <u></u>						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>				
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>		Requestor's Email <u></u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

9-5-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

836 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P. 15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gandy</u>		First Name <u>Jay</u>		Middle Name <u>J</u>	Suffix	Date of Birth <div style="background-color: black; width: 100px; height: 20px;"></div>
Home Address (NC Residential Address.) <u>8940 NCHW 131</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No. Optional	Phone (optional) <u>RECEIVED</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>BLADEN CO. BO. OF ELECTIONS</u>		State <u>NC</u>	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas:)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

9-5-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 42312

BLADEN COUNTY BOARD OF ELECTIONS
Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown.
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Jones	Sandra	S		
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)	
1101 W Hester St				
City	State	Zip Code	City	State
Clarkton	NC	28433		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional	
NC License or ID Number			Phone (optional)	
X X X - X X - [REDACTED]			Email (optional)	

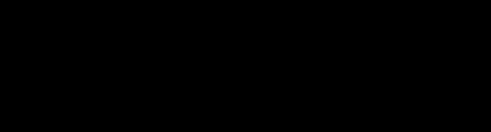
THE _____ RECEIVED BY _____
COUNTY CLERK, BLADEN COUNTY, NC

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
1101 W Hester St P.O. Box 214		Clarkton	NC	28433
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature  Signature of Near Relative/Legal Guardian (if applicable)
Date 9-5-18 X Date _____



State Absentee Ballot Request Form

North Carolina

Exhibit 42812

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

838 of 2469 202
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Thompson</u>	First Name <u>Bonnie</u>	Middle Name <u>Hales</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2005 Horse Shoe Rd.</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>[REDACTED]</u>	
Previous Name (if applicable) <u>[REDACTED]</u>		If "No," indicate the date of your move: <u>/ /</u>	
You must provide at least one identification number below. (see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u> <small>Optional</small>	Phone (optional) <u>[REDACTED]</u>
Email (optional) <u>[REDACTED]</u>		[REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>	
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>
Requestor's Email <u>[REDACTED]</u>		[REDACTED]	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (voter only) <u>X</u> <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> <u>[REDACTED]</u>
Date <u>8-4-18</u>	Date <u>[REDACTED]</u>



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
839 of 2469 P. 201
Physical Address: 301 S Cypress St
Elizabethtown NC 28337
Mailing Address: PO Box 512
Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Deaver</u>		First Name <u>Kelly</u>		Middle Name <u>J</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>158 Dogwood Rd.</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see NC License or ID Number)		SSN <u>XXX-XX-XXXX</u>	Driver Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

TIME RECD BY
BLADEN CO. BD. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?) <u>132 Dogwood Rd</u>		City <u>Bladenboro</u>	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



AUTHORIZATION TO VOTE FORM

North Carolina
County of Bladen

ATV #

UNA Voter

Party

VR
PARTYPRIMARY
PARTY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

A Voter's Certification of Voting Qualifications

IF

E
PI
foIF
VR

Jordan ALLEN

Hilda ALLEN

307 Ivey St.
Bladenboro NC 28320

910-272-7687

Government Doc

in person.
acceptable

ADD ATV LABEL HERE

36527

ed below. I understand that, if I have moved from this address more than 30 days ago, it is a
urther certify that I have not voted in this election.

Jordan. Allen CYNOPS. GOV

OFFICIAL'S INITIALS

B

(Use this section to verify or change a voter's name or address in the registration records.)

Former
Name

HILDA BRITNEY ALLEN

Current
Name

HILDA BRITNEY ALLEN

Current
Address307 IVEY STREET
BLADENBORO NC 28320Mailing
AddressP.O. 352
BLADENBORO NC 28320Have you lived here for 30 days or more? ☒ Yes ☐ No

If no, date moved? ____/____/____

DAYTIME PHONE NO.

X Hilda Britney Allen
SIGNATURE OF VOTER

C

Election Day Transfer (Use this section to send a voter from their old polling place to their new polling place after moving.)

This person is hereby authorized to vote in his/her precinct after executing this form.

Old Precinct #

P15

Name Of New Polling Place:

B-BOR 2

New Precinct #

P202

Address Of New Polling Place

BLADENBORO NC 28320

Party Affiliation On Record

X Hilda Britney Allen
SIGNATURE OF PRECINCT OFFICIAL

D

Curbside Affidavit (Affidavit of person voting outside voting place or enclosure.)

STATE OF NORTH CAROLINA, COUNTY OF

I, do solemnly swear (or affirm) that I am a registered voter in _____ precinct. That because of age or physical disability
I am unable to enter the voting place to vote in person without physical assistance. That I desire to vote outside the voting place or enclosure. I understand that a false
statement as to my condition will be in violation of North Carolina law.

DATE

X

SIGNATURE OF VOTER

VOTER ADDRESS

X

SIGNATURE OF PRECINCT OFFICIAL

OFFICIAL USE ONLY	Station	Voting Method	Voting Date/Time	Operator Name	V2013.05
	Site				
		P/S	11-13-14		



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

OCT 08 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512 842 of 2469
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name LEACH	First Name MARY	Middle Name EVA	Suffix	Date of Birth
Home Address (NC Residential Address.) 1605 MARTIN LUTHER KING DR		Mailing Address (If different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence BLADEN	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X [REDACTED]		Voter Registration No. 000000013501	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED] Leach 10/5/18 X
Date Date

Sent another Request in



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

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OCT 10 2018

843 of 2469
TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337(910) 862-6951
elections@bladenco.org

(910) 862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name JOHNSON	First Name VERNESSA	Middle Name ANN	Suffix	Date of Birth
Home Address (NC Residential Address.) 401 SWANZY RIDGE WAY # 104		Mailing Address (If different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence BLADEN	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]		SSN X X X - X X - [REDACTED]	Voter Registration No. 000000048366	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

BLADEN COUNTY BOARD OF ELECTIONS

844 of 2469

PO BOX 512

ELIZABETHTOWN, NC 28337

Phone: (910) 862-6951 • Fax: (910) 862-7820 • elections@bladenco.org

September 28, 2018

TO: VERNESSA ANN JOHNSON
401 SWANZY RIDGE WAY APT 104
ELIZABETHTOWN, NC 28337

RE: ABSENTEE BALLOT REQUEST
VOTER: VERNESSA ANN JOHNSON

We received your request for an absentee ballot for the 11/06/2018 GENERAL ELECTION. We are unable to issue absentee voting materials to the voter named above at this time because of the following reason:

**ID UPDATE INVALID: SOCIAL SECURITY NOT VALID PLEASE COME TO BOARD OF ELECTIONS
OFFICE TO VALIDATE ID**

The NC driver license or state-issued identification number, or the last four digits of your social security number provided on your absentee ballot request form could not be verified or confirmed.

Under state law, you must provide your NC driver license or state-issued identification number, or a copy of one of the following: (1) A current and valid photo identification, or (2) A document that shows the current name and residential address of the voter (e.g. a current utility bill, bank statement, government check, paycheck, or other government document). Please complete and sign the enclosed *State Absentee Ballot Request Form* and return the form to our office no later than 5:00 p.m. on 10/30/2018 - the last Tuesday prior to Election Day.

If you have any questions, you may contact your county board of elections at (910) 862-6951.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

845 of 2469
BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

General Instructions

A person must be a registered voter in their North Carolina county of residence in order to request an absentee ballot. If not registered to vote in the proper county, a person must submit a voter registration application along with this form. Voter registration applications are available online at www.ncsbe.gov. The deadline to register to vote is 25 days prior to the date of the election.

Completing the Form

The voter's full name, residential address, date of birth and an identification number (see **Proof of Identification** below) must be provided on this form. This information will be used to confirm your voter registration. In addition, this form must be signed by the voter or the voter's near relative or qualified legal guardian.

Who may make a request for an absentee ballot

Either the voter or the voter's near relative or qualified legal guardian may request an absentee ballot. A "near relative" is defined as the voter's spouse, brother, sister, parent, grandparent, child, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, stepparent, or stepchild.

Who may not make a request for an absentee ballot

If a registered voter is a patient in any hospital, clinic, nursing home or rest home in this State, it is unlawful for any owner, manager, director, employee, or other person, other than the voter's near relative or verifiable legal guardian, to request an absentee ballot on behalf of the voter. The voter's county board of elections should be contacted if a voter in a hospital, clinic, nursing home or rest home in this State needs assistance requesting or voting an absentee ballot.

Updating Voter Information

This form may also serve as a voter change form; however, changes in voter registration may only be made by the voter.

Proof of Identification

If the voter's identification number (NC driver license number, NC DMV-issued identification card number, or last four digits of social security number) is not provided, then provide with this request a copy of a document that shows the name and residential address of the voter: a current utility bill, bank statement, government check, paycheck, or other government document.

Ballot Availability

Absentee balloting materials are mailed to voters once ballots for an election are available. For most elections, ballots will be available 50 days prior to the date of the election. Absentee ballots are available 60 days prior to the date of a statewide general election and 30 days prior to the date of a city or municipal election.

Submitting the form

Submit this form to the County Board of Elections no later than 5:00 p.m. on the Tuesday before the date of the election.

Address: Bladen County Board of Elections
Po Box 512
Elizabethtown, NC 28337

Email: elections@bladenco.org

Fax: (910) 862-7820

This form may be mailed, faxed, emailed, or delivered in person. Visit www.ncsbe.gov to check the status of your absentee request.

Scan Date	Batch Number	Source Code	Batch ID
2018-10-08 10:05AM	3	17	9689

Scan Date/Time: 2018-10-08 10:05AM

Batch Number: 3

Batch Size: 11

Source Code: 17

Batch ID: 9689

Operator: cwilliams

Brought in by McCrae
Dawkins



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Bryant	First Name Hebe	Middle Name Doe	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 1106 Bullard St		Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1106 Bullard St		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable) 10/07/18 X	Date [REDACTED]
--	--------------------



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Parker</u>	First Name <u>Trey</u>	Middle Name <u>Oneil</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address): <u>4309 NC Hwy 211</u>			Mailing Address (if different than home address):	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License ID Number <u>XXXXXXXX</u>			Voter Registration No. <u>Optional</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): <u>4309 NC Hwy 211</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED] <u>10-10-18</u> Date	X [REDACTED] Date
--------------------------------------	----------------------



State Absentee Ballot Request Form

North Carolina

OCT 08 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tyler</u>		First Name <u>Sue</u>		Middle Name <u>W</u>	Suffix
Home Address (NC Residential Address.) <u>1106 Bullard ST</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NIC Number or ID Number <u>X X X - X X</u>				Voter Registration No. <u>037081</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign <u>X</u> Date <u>10/7/18</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> Date _____
--------------------------------------	---



State Absentee Ballot Request Form

North Carolina

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OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

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I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Parker</u>		First Name <u>Ronald</u>		Middle Name <u>V'Neil</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>4309 NC Hwy 211</u>				Mailing Address (If different than home address.)			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>				Voter Registration No. [REDACTED]		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>4309 NC Hwy 211</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

10-6-18

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.bpe@ncsbe.gov

FAX: 910-862-7820

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 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Parker</u>	First Name <u>Darrin</u>	Middle Name <u>Tyler</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>4369 NC Hwy 211</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC ID Number: <u>XXX - XX - [REDACTED]</u>		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>4369 NC Hwy 211</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) [REDACTED]
Date <u>10-6-18</u>	Date <u>X</u>



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>NORRIS</u>	First Name <u>Justin</u>	Middle Name <u>Alexander</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1106 Bullard ST</u>		Mailing Address (if different than home address.) <u>Same</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. <u>Optional</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter

X

Signature of Near Relative/Legal Guardian (if applicable)

10/7/18 X
 Date

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tyler</u>	First Name <u>Jeffery</u>	Middle Name <u>Lee</u>	Suffix <u>II</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>110 N. Newton St.</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1</u> / <u>1</u> / _____		County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>110 N. Newton St.</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address: _____

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>10/6/18</u>	Date _____



State Absentee Ballot Request Form

North Carolina

OCT 08 2018

RECEIVED

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONSTIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 855 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tyler</u>	First Name <u>Summer</u>	Middle Name <u>Brook</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>1106 Bullard ST</u>		Mailing Address (If different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Same</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sig [REDACTED] only	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>10/7/18</u>	Date _____



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

OCT 08 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 856 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tyler</u>	First Name <u>Kimberly</u>	Middle Name <u>Nash</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>110 N. Newton Street</u>		Mailing Address (If different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City [REDACTED]
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number (SOI) <u>X X X - X X</u> [REDACTED]		Voter Registration No. Optional	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas):		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

10/7/18 X
Date

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 08 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Harris</u>	First Name <u>Benson</u>	Middle Name <u>Trent</u>	Suffix —
Home Address (NC Residential Address.) <u>820 Willard Tatum Rd.</u>		Mailing Address (If different than home address.) —	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City —
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>— / — / —</u>			
You must provide at least one identification number below. (or see instructions) NC Identification Number <u>X X X - X X</u>		Voter Registration No. —	Phone (optional) —
		Email (optional) —	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>820 Willard Tatum Rd.</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: _____			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name _____ <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address _____		Name of Corporation (if appointed legal guardian)	
City —	State —	Zip Code —	Requestor's Phone —
		Requestor's Email —	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) —	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address: —

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

10-3-18

Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

RECEIVED

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ~~858~~ 2469Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tyler</u>		First Name <u>Jeffery</u>		Middle Name <u>L</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>110 N. Newton St.</u>				Mailing Address (if different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. <u>Optional</u>		
			Phone (optional) <u></u>		
			Email (optional) <u></u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address: <u></u>

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>10/7/18 X</u>
Date <u></u>	Date <u></u>

Scan Date	Batch Number	Source Code	Batch ID
2018-10-08 8:55AM	2	17	9688

Scan Date/Time: 2018-10-08 8:55AM

Batch Number: 2


Batch Size: 21

Source Code: 17

Batch ID: 9688

Operator: cwilliams

12 Brought in By
McCrae Dinkless
Clerk
10/8/2018

	State Absentee Ballot Request Form North Carolina	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
	RECEIVED OCT 08 2018	

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name PATTERSON		First Name PATRICIA		Middle Name ANN	Suffix
Home Address (NC Residential Address.) 81 SHORE RD.				Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
<div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> SSN XXX - XX - XXXX			000000	910 866 4730	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 81 Shore Rd.		City Elizabeth Town	State N.C.	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (if applicable) <div style="background-color: black; width: 300px; height: 40px; display: inline-block;"></div>	Signature of Near Relative/Guardian (if applicable) X
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

OCT 08 2018

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

BLADEN CO. BD. OF ELECTIONS

Election Type (Primary, General, Municipal, Special, etc.)

on

11/6/18

Election Date

Voter Information

Last Name LONG	First Name ROBIN	Middle Name BAXLEY	Suffix [REDACTED]
Home Address (NC Residential Address.) 277 PAGES LAKE RD.		Mailing Address (If different than home address.) [REDACTED]	
City SAINT PAULS	State NC	Zip Code 28384	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/18			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN X X X - X X [REDACTED]		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 277 Pages Lake Rd		City St. Pauls	State NC	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (or near relative/guardian) X [REDACTED]	Signature of Near Relative/Guardian (if applicable) X [REDACTED]
Date 9/29/18	Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED
06/08/2015
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: midterm general on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BULLOCK		First Name NATALIE		Middle Name ROCHELLE	Suffix [REDACTED]
Home Address (NC Residential Address.) 9236 CHICKENFOOT RD.				Mailing Address (if different than home address.) [REDACTED]	
City SAINT PAULS	State NC	Zip Code 28384	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
SSN [REDACTED] X X X - X X [REDACTED]			[REDACTED]		


Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 9236 Chickenfoot Road		City Saint Pauls	State NC	Zip Code 28384
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) <u>9-29-18</u> X	Date
---	------

	State Absentee Ballot Request Form North Carolina	RECEIVED OCT 08 2018	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
	TIME _____ REG'D BY _____ BLADEN CO. BO. OF ELECTIONS		

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name BRYAN		First Name STACIE		Middle Name LEWIS	Suffix _____
Home Address (NC Residential Address.) 190 J HILL ACRES RD.			Mailing Address (if different than home address.) _____		
City BLADENBORO	State NC	Zip Code 28320	City _____	State _____	Zip Code _____
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) _____		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: XXXXXXXX - XX - [REDACTED]			Voter Registration No. General	Phone (optional) _____	Email (optional) _____

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City _____	State _____
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," what is the name and address of the hospital or facility: _____			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name _____	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address _____	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (if appointed legal guardian) _____	
City _____	State _____	Zip Code _____	Requestor's Phone _____
Requestor's Email _____			


For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) _____	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Fax Number or Email Address _____	

Signature of Near Relative/Guardian (if applicable) <u>9/28/18</u> X Date
--

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

	State Absentee Ballot Request Form North Carolina	RECEIVED OCT 08 2018	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

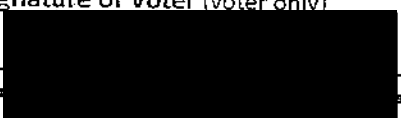
on

Election Date:

Voter Information					
Last Name	First Name	Middle Name	Suffix	Date of Birth	
SYKES	BRENDA	EVERS			
Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
155 SYKES DR.					
City	State	Zip Code	City	State	Zip Code
BLADENBORO	NC	28320			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: / /			Bladen		
You must provide at least one identification number below. (or see instructions.)			Voter Registration No.		
NC License or ID Number	SSN		Phone (optional)		
	X X X - X X		Email (optional)		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
155 Sykes Dr		Bladenboro	NC
Zip Code		28320	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
	X
Date	Date
10/3/18	

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

OCT 08 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FAX: 919-715-0135

TIME RECD BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

ALL

on Nov 4, 2018

Voter Information

Last Name

YOUNG

First Name

LUCY

Middle Name

MITCHELL

Suffix

Home Address (NC Residential Address.)

32 J AND L DR.

Mailing Address (If different than home address.)

City

LAKE WACCAMAW

State

NC

Zip Code

28450

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)

[REDACTED]

SSN

X X X - X X - [REDACTED]

Voter Registration No.

20174

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as Above

City

State

Zip Code

If voter is registered as ☒ Democratic ☒ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Non-partisan

If "Yes," what is the name and address of the hospital or facility? ☐ Yes ☐ No

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

City

State

Zip Code

Name of Corporation (if appointed legal guardian)

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

[REDACTED]

Signature of Near Relative/Guardian (if applicable)

9-27-18

X

Date

Date

V2013

BE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

TIME _____ RECD BY _____
 FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
 Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name NEWTON		First Name GWENDOLYN		Middle Name LAVERN	Suffix	Date of Birth
Home Address (NC Residential Address.) PO BOX 752				Mailing Address (if different than home address.)		
City DUBLIN	State NC	Zip Code 28332	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence:		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. 000000	Phone (optional)	Email (optional)	


Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 752		City Dublin	State NC	Zip Code 28332
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter [REDACTED]	Signature of Near Relative/Guardian (if applicable) X
Date 9-28-18	Date

	State Absentee Ballot Request Form North Carolina	RECEIVED OCT 08 2018	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
	FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.		

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)


on

Election Date

Voter Information					
Last Name	First Name	Middle Name	Suffix	Date of Birth	
COUNCIL	LAFaITH	CHANTAL			
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
6329 CHICKENFOOT RD.					
City	State	Zip Code	City	State	Zip Code
SAINT PAULS	NC	28384			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: 1/1/			Bladen		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number			Phone (optional)		
SSN			Email (optional)		
X X X - X X					

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
6329 Chickenfoot Rd.		Saint Pauls	NC
Zip Code		28384	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter 	Signature of Near Relative/Guardian (if applicable) 10-1-18 X Date
---	--

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.**SEE REVERSE FOR ADDITIONAL INFORMATION**



State Absentee Ballot Request Form

North Carolina

OCT 08 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name RICE	First Name DERRICK	Middle Name JUSTIN	Suffix	Date of Birth
Home Address (NC Residential Address.) 7484 NC 131 HWY.		Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X		Voter Registration No. 00000	Phone (optional) 910-638-8796	Email (optional) derrickrice86@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 7484 NC 131 Hwy		City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

S

Signature of Near Relative/Guardian (if applicable)

10/2/18

X

Date

Date

V2013.11

Visit www.ncsbe.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 870 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONSTIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Landreth</u>		First Name <u>Robert</u>		Middle Name <u>Anthony</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>106 Village Street</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Bladenboro</u>		State <u>NC</u>		Zip Code <u>28320</u>		City <u>[REDACTED]</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)			
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. <u>[REDACTED]</u>		Phone (optional)		Email (optional)	
You must provide at least one identification number below: (or see instructions) NC License and ID Number <u>X X X - X X [REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>		Phone (optional)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>106 Village Street</u>		City <u>Bladenboro</u>		State <u>N.C.</u>		Zip Code <u>28320</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address				Name of Corporation (If appointed legal guardian)			
City		State		Zip Code		Requestor's Phone	
						Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian).

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] 10/7/18 X
Date Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 871 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN COUNTY BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Richardson		First Name Nathan		Middle Name Wendell	Suffix	Date of Birth
Home Address (NC Residential Address): 10127 HWY 131 North				Mailing Address (if different than home address):		
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen			
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)			
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X			Voter Registration No. 00000		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 10127 HWY 131 North		City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature [Signature]	Signature of Near Relative/Legal Guardian (if applicable) X
Date 9/30/18	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

OCT 08 2018

TIME _____ REC'D BY _____
BLADEN CO. CL. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 872-01469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Martin</u>		First Name <u>Cherie</u>		Middle Name <u>Marie</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>10127 Hwy 131 North</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>		State <u>N.C.</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>				Voter Registration No. [REDACTED]	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>10127 Hwy 131 North</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable) <u>[REDACTED]</u>	Date <u>9-30-18</u> X
--	--------------------------



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address:

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edwards</u>		First Name <u>Connie</u>		Middle Name <u>Marie</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>106 Village street</u>				Mailing Address (if different than home address.) [REDACTED]		
City <u>Bladenboro</u>		State <u>N.C.</u>	Zip Code <u>28320</u>	City		State <u>N.C.</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. <u>XXXX-XX</u>		Phone (optional)		Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number		SSN <u>XXXX-XX</u>		Voter Registration No. <u>XXXX-XX</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>106 Village street</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	Requestor's Phone
				Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>10-7-18 X</u>
Date [REDACTED]	Date [REDACTED]



State Absentee Ballot Request Form

North Carolina

OCT 08 2018

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Thompson</u>	First Name <u>Dawn</u>	Middle Name <u>Bridger</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>13004 Hwy 131 North</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions): NC License or ID Number <u>X X X - X X</u>		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>13004 Hwy 131 North</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

S

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18

Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 875 of 2469

Physical Address
301 S. Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>PRIT</u>	First Name <u>WADE</u>	Middle Name <u>D</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>3074 NC 410 Hwy</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>33N</u> <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] 10-6-18 X
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

OCT 03 2018

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 876 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Pait</u>	First Name <u>Rosella</u>	Middle Name <u>D</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>3074 NC 410 Hwy</u>		Mailing Address (If different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Sig [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
10-6-18 X
Date Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

OCT 08 2018

TIME REC'D BY
BLADEN CO. BOE. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 877-662-2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Pait</u>		First Name <u>Jacquelyn</u>		Middle Name <u>Dianne</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>10258 NC HWY 41 W</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>SSN</u> <u>X X X - X X [REDACTED]</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>10258 NC HWY 41 W</u>			City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>10/03/18 X</u>
Date <u>10/03/18</u>	Date <u>X</u>



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 878 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Pait</u>	First Name <u>Brian</u>	Middle Name <u>Keith</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>10258 HWY 41 WEST</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>10258 HWY 41 WEST</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

10-03-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 879 012469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME RECEIVED BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sykes</u>	First Name <u>Dewey</u>	Middle Name <u>G</u>	Suffix <u>SK</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>2273 MARSH Road</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: ____/____/____				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u> [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>Elois Sykes</u> <input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>2273 MARSH Rd</u>		Name of Corporation (If appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X Elois Sykes10-6-18

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North CarolinaRECEIVED
OCT 08 2018TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 880-012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sykes</u>		First Name <u>Elois</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>2273 MARSH RD</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. Optional		Phone (optional)	
SSN <u>X X X - X X</u>					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

10-6-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

OCT 08 2018

TIME REC'D BY
BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 881 01 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

Change of Add

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BANKELL</u>	First Name <u>ARNAL</u>	Middle Name <u>A</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>314 LENNON DR</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		County of Residence	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
X 10-10-2018 X
Date Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 865 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsb.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Mitchell</u>		First Name <u>James</u>		Middle Name <u>H.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>3371 Cromartie Pk.</u>				Mailing Address (if different than home address.) <u>3371 Cromartie Pk.</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X
[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X
Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

884 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 5, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Mitchell		First Name Zhane		Middle Name G	Suffix	Date of Birth
Home Address (NC Residential Address.) 3371 Cromartie Rd				Mailing Address (If different than home address.) PO Box 8604		
City Elizabethtown		State NC	Zip Code 28337	City Elizabethtown		State NC Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name				Relationship		
				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
				<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address				Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 885 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Williams	Makayla	D		
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)		
152 Burden Road				
City	State	Zip Code	City	State
Tarheel	NC	28392		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: / /		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number		Optional		
X X X - X X				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (or Requestor)	Signature of Near Relative/Legal Guardian (if applicable)
X	X
Date	Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-05 3:37PM	15	17	9683

Exhibit 4.2.3.1.2 887 of 2469

Scan Date/Time: 2018-10-05 3:37PM
Batch Number: 15
Batch Size: 26
Source Code: 17
Batch ID: 9683
Operator: ewilliams

Brought in By Mr. Cogdell
du
10-5-2018



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
OCT 05 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 888 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Thurman		First Name Gean Jean		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 200 Edwards St				Mailing Address (if different than home address.)		
City Clarkton	State NC	Zip Code 28433	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____			Voter Registration No. Optional		Phone (optional) Email (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18
Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 889-012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Howard		First Name LaDonna		Middle Name Chanel	Suffix	Date of Birth
Home Address (NC Residential Address.) 1209 martin Lutherking Dr				Mailing Address (if different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1			Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN: XXX - XX -			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)	8/22/18	X
	Date	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 890-012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Rachel</u>		First Name <u>Erica</u>		Middle Name <u>Remy</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>613 River R.D</u>				Mailing Address (if different than home address.) <u>Same</u>			
City <u>Whiteoak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>6-6-10/5/2018</u>				Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-25-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 891-062469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

BLADEN CO. BO. OF ELECTIONS

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKiver</u>	First Name <u>Margarette</u>	Middle Name	Suffix
Home Address (NC Residential Address) <u>511 Slingsby St</u>		Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>		Voter Registration No. Optional	Phone (optional) Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

<u>[Signature]</u> Date <u>2/20/18</u>	<u>X</u> Date
---	------------------



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 892-612469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.
BLADEN CO. BD. OF ELECTIONS

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Lee	Norris	Cornelia		
Home Address (NC Residential Address):		Mailing Address (If different than home address):		
653 Booker T Washington Rd		PO Box 631		
City	State	Zip Code	City	State
Clarkton	NC	28433	Clarkton	NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: 1/1/		Bladen		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.		
NC License or ID Number: XXX-XX		Optional		
		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address:

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18 X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 893-012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Williams</u>		First Name <u>Destiny</u>		Middle Name <u>Linda</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>4022 Peanut Plant Rd</u>				Mailing Address (If different than home address.)			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/18</u>				Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>4022 Peanut Plant Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature [Redacted] Date 08/28/18
Signature of Near Relative/Legal Guardian (if applicable) X Date _____



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 894 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REGIS BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Daisy</u>		Middle Name <u>Ms. Dowell</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>407 Della Street</u>				Mailing Address (if different than home address.) <u>314 Cedar Street</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>	Date <u>8/28/18</u>
---	------------------------



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 895 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
P.O. Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 5, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name MATHIS		First Name CAROLYN		Middle Name A	Suffix [REDACTED]
Home Address (NC Residential Address.) 907 Fox St P.O.				Mailing Address (if different than home address.) P.O. Box 364	
City Elizabethtown	State N.C.	Zip Code 28337		City [REDACTED]	State [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: 1/1/1				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED]

8/28/18

Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 896-012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 5, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name McKoy		First Name David		Middle Name E	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 8890 Highway 53 west				Mailing Address (if different than home address.)		
City White Oak		State	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence: Bladen		
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX - [REDACTED]				Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

Signature of Near Relative/Legal Guardian (if applicable)

8-27/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 06 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 897 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Howie</u>	First Name <u>Jennifer</u>	Middle Name <u>D</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>504 Ash St</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)	Date
<u>[Signature]</u>	<u>8/22/18</u>



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 898-012469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Mitchell</u>	First Name <u>Frederick</u>	Middle Name	Suffix
Home Address (NC Residential Address) <u>504 ASH ST</u>		Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX-XX</u>		Voter Registration No. Optional	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
X
Date 8/26/18



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
RECEIVED, OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name LLOYD		First Name TYRA		Middle Name L	Suffix	Date of Birth
Home Address (NC Residential Address.) 8444 NC Hwy 53 W				Mailing Address (If different than home address.)		
City White Oak		State NC	Zip Code 28389	City White Oak		State NC
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: _____				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X				Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable) X	Date 8/26/18
--	-----------------



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
6/10/18

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Cain		First Name Anthony		Middle Name J	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) 250 Edgewood St				Mailing Address (if different than home address.) [REDACTED]		
City Clarkton		State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1/18				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX - [REDACTED]				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X [REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 901 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Myra</u>		Middle Name		Suffix	
Home Address (NC Residential Address.) <u>104 Fletcher Johnson Rd</u>				Mailing Address (if different than home address.)			
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____							
You must provide at least one identification number below. (or see instructions) NC License or ID Number				Voter Registration No. Optional		Phone (optional)	
SSN <u>X X X - X X</u>						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name			Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X Signature of Near Relative/Legal Guardian (if applicable)
Date 8-22-2018 X Date _____



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 902-671-2469

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bordeaux</u>		First Name <u>James</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>2010 Tar Heel Ferry Rd</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No.	Phone (optional) Email (optional)
[Redacted] XXX - XX - [Redacted]					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8/23/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 903-672469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. SO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Purdie</u>	First Name <u>Juanita</u>	Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address): <u>141 BCM Rd</u>		Mailing Address (if different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number		Voter Registration No.	Phone (optional)	Email (optional)
SSN <u>XXX - XX - XXX</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting on absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8/23/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 904-612-469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ READ BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Gwendolyn</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>2068 Tar Heel Ferry Rd</u>				Mailing Address (If different than home address.) <u>P.O. Box 122</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX X - XX - [REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8-22-2018 X</u>	Date
---	---	------



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 905-662-469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Purdie</u>	First Name <u>James</u>	Middle Name <u>D.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>6690 Johnson Town Rd.</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8/25/18</u>	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 19 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 906-2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name MONROE		First Name DAMELA		Middle Name B	Suffix [REDACTED]
Home Address (NC Residential Address.) 88 Sammy Lane				Mailing Address (If different than home address.) [REDACTED]	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (must be handwritten) [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) X
Date 8/20/18	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 907 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Date

Voter Information

Election Type (Primary, General, Municipal, Special, etc.)

Last Name

First Name

Middle Name

Suffix

Home Address (NC Residential Address.)

Mailing Address (If different than home address.)

City

State

Zip Code

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (must be signed by voter)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 908 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. SO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Turner	First Name Demeka	Middle Name Shana	Suffix	
Home Address (NC Residential Address.) 390 Twisted Highway Apt 13		Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/18				
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX			Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (or Requestor)	Signature of Near Relative/Legal Guardian (if applicable)
X	X
Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

6/10/18

TO: BLADEN COUNTY BOARD OF ELECTIONS 909-612-2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

NAME: _____ REC'D BY: _____
BLADEN CO. CLERK OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 5, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ward</u>		First Name <u>Montrell</u>		Middle Name <u>D</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>813 Fox St</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number below. (or see instructions) [NC License or ID Number] <u>XXXXXXXX-XX</u>			Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (voter only) <u>[REDACTED]</u> Date <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> Date <u>[REDACTED]</u>
--	---



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 910-862-2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Donkins		First Name Ledell		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address) 813 Fox St				Mailing Address (if different than home address.)		
City Elizabethtown		State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX - [REDACTED]				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas:)		Fax Number or Email Address	

Signature of Voter
[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 05 2013

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 5, 2013

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Mayhew	First Name Clarence	Middle Name C	Suffix [REDACTED]
Home Address (NC Residential Address) 1206 Daisy St.		Mailing Address (if different than home address.) [REDACTED]	
City Elizabethtown	State NC	Zip Code 28337	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/			
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX - [REDACTED]		Voter Registration No. Optional	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services of the Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

08-30-18

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 912 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Denkins</u>		First Name <u>Tina</u>		Middle Name <u>S</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>813 Fox St</u>				Mailing Address (if different than home address.) <u></u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>			Voter Registration No. Optional <u></u>	Phone (optional) <u></u>	Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature of Near Relative/Legal Guardian (if applicable)
X
Date
8-30-18



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
11/05/13

TO: BLADEN COUNTY BOARD OF ELECTIONS
913 of 2469
Physical Address
301 S Cypress St
Elizabethtown NC
28337
Mailing Address
PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 5, 2013
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cowan</u>	First Name <u>Terrance</u>	Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>92 Sand Pit Rd</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/13</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NIC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian)		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED]
Date 8/30/13

Scan Date	Batch Number	Exhibit 4.2.3.1.2 Source Code	915 of 2469 Batch ID
2018-10-05 1:57PM	9	17	9677

Scan Date/Time: 2018-10-05 1:57PM

Batch Number: 9

Batch Size: 50

Source Code: 17

Batch ID: 9677

Operator: cwilliams

Brought in to Mr. Cogdell

10/5/2018

Clu



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2017

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

916 of 2469
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	McAllister	First Name	Vickie	Middle Name	G	Suffix	
Home Address (NC Residential Address.)				Mailing Address (If different than home address.)			
2535 Hwy 242 N							
City	Elizabethtown	State	NC	Zip Code	28337	City	
Have you lived at this address for more than 30 days?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move:		1/1		Bladen			
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)	
NC License or ID Number				Optional		Email (optional)	
X X X - X X -							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/27/18 X

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 05 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

917 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Council		First Name Lair		Middle Name F.	Suffix
Home Address (NC Residential Address) 154 Clem Council Rd				Mailing Address (if different than home address.)	
City White Oak	State NC	Zip Code 28399	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

918 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME RECD BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Council		First Name Robert		Middle Name		Suffix JR	
Home Address (NC Residential Address) 154 Clem Council Rd.				Mailing Address (if different than home address.)			
City White Oak		State NC	Zip Code 28399	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1				You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	
NC License or ID Number X X X - X X -				Phone (optional)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter X	Signature of Near Relative/Legal Guardian (if applicable) 8-27-2018 X
Date	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Attry</u>		First Name <u>Hazel</u>		Middle Name <u>J</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>137 Avenue Ave.</u>				Mailing Address (If different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>			Voter Registration No. <u>Bla</u>		Phone (optional)	Email (optional)
You must provide at least one identification number below, (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (if applicable)

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Hines</u>	First Name <u>Shanta</u>	Middle Name <u>Shantel</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1199 Elkton Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
You must provide at least one identification number below. (or see instructions) <u>[REDACTED]</u> <u>XXX-XX-XXXX</u> <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>[REDACTED]</u>
Date <u>[REDACTED]</u>	Date <u>[REDACTED]</u>



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Johnson</u>		First Name <u>Rodger</u>		Middle Name <u>Lebell</u>	Suffix -
Home Address (NC Residential Address.) <u>7364 Old Fayetteville Rd</u>				Mailing Address (If different than home address.)	
City <u>Garland</u>	State <u>NC</u>	Zip Code <u>28441</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X 4/27/18 X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

OCT 05 2018

TIME _____ RECD BY _____
BLADEN CO. BOE OF ELECTIONS

922 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name <u>Carter</u>	First Name <u>Myrtle</u>	Middle Name <u>T.</u>	Suffix	Date of Birth
Home Address (NC Residential Address) <u>119 Hayes McKay Rd.</u>		Mailing Address (If different than home address.) <u>P.O. Box 179</u>		
City <u>EL White OAK</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>White OAK</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License and Number <u>XXX - XX</u>			Voter Registration No. Optional	Phone (optional)
				Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-22-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Gill		First Name Laronda		Middle Name G	Suffix	Date of Birth
Home Address (NC Residential Address.) 205 E Gill St				Mailing Address (if different than home address.) PO Box 2652		
City Elizabethtown		State NC	Zip Code 28337	City Elizabethtown		State NC
Have you lived at this address for more than 30 days?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: X X X - X X				Voter Registration No. Optional		Phone (optional)
						Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)	Date
X	8/27/18



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

924 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN COUNTY BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Yolanda</u>	First Name <u>McKoy</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>208 Scrimson St.</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
8-27-2018 X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>SCOTT</u>		First Name <u>Monarcia</u>		Middle Name <u>H.</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>18 Mcadam DR.</u>				Mailing Address (if different than home address.) <u>PO Box 2094</u>		
City <u>Elizabethtown</u>	State	Zip Code	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>			Voter Registration No. (Optional)		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX</u>			Voter Registration No. (Optional)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X 3-27-2018 X
 Signature of Near Relative/Legal Guardian (if applicable)
 Date Date



Exhibit 4.2.3.1.2

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State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. SO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Dave</u>	First Name <u>Kalisha</u>	Middle Name <u>Tina</u>	Suffix	Date of Birth
Home Address (NC Residential Address) <u>808 Fox St</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/18</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

8/27/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Autry		First Name Bobby		Middle Name L.		Suffix [REDACTED]	
Home Address (NC Residential Address.) 137 Ave. Ave.				Mailing Address (if different than home address.) [REDACTED]			
City White Oak		State NC	Zip Code 28399	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1				Voter Registration No. Optical		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX [REDACTED]				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	
				Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address.	

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED]
Date **8-27-2018**



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

928 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. CLERK OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Carpenter</u>		First Name <u>Vivian</u>		Middle Name <u>D.</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>81 Hayes McKoy Rd</u>				Mailing Address (If different than home address.) <u>P.O. Box 73</u>			
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (or Requestor)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-27-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

Exhibit 4.2.3.1.2

929 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McKoy	Bernard	B.		
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)		
3395 Cromartie Rd				
City	State	Zip Code	City	State
Elizabethtown	NC	28337		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: 1/1			Bladen	
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	
NC License or ID Number			Optional	
X X X - X X			Phone (optional)	
			Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

10/05/18

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FILED BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name McKoy	First Name Jason	Middle Name	Suffix
Home Address (NC Residential Address.) 3395 Cromartie Rd		Mailing Address (if different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1			
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)
NC License or ID Number	SSN XXX - XX		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign X	Signature of Near Relative/Legal Guardian (if applicable)
8/27/18	X
Date	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKiver</u>		First Name <u>Crystal</u>		Middle Name <u>S</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>PO Box 662 41 Plumtree Lane</u>				Mailing Address (If different than home address.) <u>PO Box 662</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. <u></u>		
			Phone (optional) <u></u>		Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <u></u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Rogers</u>		First Name <u>Lori</u>		Middle Name <u>Jaquise</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1510 MLK DR.</u>				Mailing Address (If different than home address.) <u>P.O. Box 1606</u>			
City <u>E-TOWN</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>E-TOWN</u>		State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

S [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
9/27/18 X
 Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TIME RECEIVED BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>MUNN</u>		First Name <u>April</u>		Middle Name <u>A.</u>	Suffix
Home Address (NC Residential Address.) <u>552 Mears LN</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

10/05/18

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Whittington</u>		First Name <u>Jennifer</u>		Middle Name <u>E</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>69 Blue Moon DR.</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas;)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature [REDACTED] Date 8-27-2018 X

Signature of Near Relative/Legal Guardian (if applicable)

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Sones</u>		First Name <u>Anthony</u>		Middle Name <u>H</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>69 Blue Moon DR</u>				Mailing Address (if different than home address.) <u></u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional <u></u>	Phone (optional) <u></u>	Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X

8/28/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S-Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Johnson	First Name Broadus	Middle Name J	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 46 Blue Moon Dr.			Mailing Address (If different than home address.) PO Box 2112	
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. Optional	Phone (optional)
			Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sign

X

Signature of Near Relative/Legal Guardian (if applicable)

X

8-27-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jessup</u>		First Name <u>La June</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>146 Pearl Lloyd Rd</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or NC License or ID Number)			Voter Registration No. (Optional)		
SSN <u>X X X - X X</u>			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

8/21/18

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TIME RECEIVED BY
BLADEN COUNTY BOARD OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sessup</u>	First Name <u>Emanuel</u>	Middle Name <u>#</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>209 Frank melvin Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8-27-18</u> <u>X</u>
Date	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 939-661-2469

Physical Address

301 S. Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name JESSUP		First Name Kendra		Middle Name Janine		Suffix [REDACTED]	
Home Address (NC Residential Address) 5504 Hwy 53 west				Mailing Address (if different than home address)			
City White Oak		State NC	Zip Code 28399	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: / /							
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X [REDACTED]				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/27/18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 040 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKiver</u>	First Name <u>Katasha</u>	Middle Name <u>Nicole</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>5664 HWY 53 W</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. Optional	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas):

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Thomas</u>	First Name <u>Diamond</u>	Middle Name <u>T</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>139 Grabe Johnson Dr.</u>		Mailing Address (if different than home address.) <u>PO BOX 2334</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Optional	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild	<input type="checkbox"/> parent <input type="checkbox"/> sister <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law	<input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address			

Signature

 08/27/18
 X
 Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 05 2018

TO: 942 of 2469
BLADEN COUNTY BOARD OF ELECTIONSPhysical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKenith</u>		First Name <u>McGhawn</u>		Middle Name <u>Deatrice</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>711 martin st</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>[REDACTED]</u> SSN: <u>XXX - XX</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Sig

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Johnson</u>	First Name <u>Lizzie</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>46 Blue Moon Dr</u>		Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN	Optional	Email (optional)
<u>X X X - X X</u>	<u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

944 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Williams</u>		First Name <u>Nona</u>		Middle Name <u>L.</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>152 Burden Road</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Tar Heel</u>		State <u>NC</u>	Zip Code <u>28392</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>				Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 05 2018

Exhibit 4.2.3.1.2

945 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Manuel		First Name Divine		Middle Name Rose	Suffix [REDACTED]
Home Address (NC Residential Address.) 10898 S. College St. Apt 40				Mailing Address (if different than home address.) [REDACTED]	
City Clarkton	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC Identification Number X X X - X X [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] **8/28/18** **X**
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKiver</u>		First Name <u>Joyce</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>P.O. Box 188 152 Pearl Lloyd Rd</u>				Mailing Address (If different than home address.) <u>P.O. Box 188</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (If applicable)		
You must provide at least one identification number below, (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/26/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Baxley</u>		First Name <u>Daquan</u>		Middle Name <u>Tyrell</u>	Suffix
Home Address (NC Residential Address.) <u>141 BCM Rd</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Baxley		First Name Tammie		Middle Name olene	Suffix	Date of Birth
Home Address (NC Residential Address.) 141 BCM Road				Mailing Address (if different than home address.)		
City White Oak	State N.C.	Zip Code 28399	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/			Voter Registration No. Optional		Phone (optional) Email (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/25/18 X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 05 2013

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S. Cypress St.
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2013

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Baxley</u>		First Name <u>Edna</u>		Middle Name <u>Mae</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>141- BCM Road</u>				Mailing Address (if different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC (license or ID Number) <u>XXX - XX</u> [REDACTED]			Voter Registration No. (Optional)		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

[Signature] 8/25/13 X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TIME RECEIVED
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Evans		First Name DR		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 303 Pearl St 1D				Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1			Voter Registration No. Optional		Phone (optional) Email (optional)	
You must provide at least one identification number below. (or see instructions)						
XXXXXXXXXX						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

OCT 05 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address:
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address:
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Williams</u>		First Name <u>Broderick</u>		Middle Name <u>A</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>306 Cedar St</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

OCT 05 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Lewis	First Name Sanice	Middle Name L	Suffix [REDACTED]
Home Address (NC Residential Address.) 210 East Fourth Street		Mailing Address (If different than home address.) PO Box 495	
City Dublin	State NC	Zip Code 28332	City Dublin
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1			
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X [REDACTED]		Voter Registration No. Optional	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter **[REDACTED]** Date **8/31/18** X

Signature of Near Relative/Legal Guardian (if applicable) _____ Date _____



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

Exhibit 4.2.3.1.2

953 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.bpe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Montgomery	Jerry	T		
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)		
309 Twisted Hickory Apt 10		3098 Mercer Mill Rd		
City	State	Zip Code	City	State
Elizabethtown	NC	28337	Elizabethtown	NC
Have you lived at this address for more than 30 days?		County of Residence		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Bladen		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.		
NC License or ID Number		Optional		
X X X - X X				
		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

8/30/18

Date

X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 954 OF 2469

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECD BY _____
BLADEN CO. SD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jessup</u>	First Name <u>Rob</u>	Middle Name <u>Kisia</u>	Suffix <u>Que'yon</u>
Home Address (NC Residential Address) <u>1416 River Rd</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below, for NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

8-23-2018 Signature of Near Relative/Legal Guardian (if applicable)

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

955 of 2469

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address:

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Washington</u>		First Name <u>Tracy</u>		Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>60714 Hwy 53 West</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>[REDACTED]</u> SSN: <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/23/18
DateX Conuelo Washington8/23/2018
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

Exhibit 4.2.3.1.2

956 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Washington</u>		First Name <u>Consuelo</u>		Middle Name <u>T</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>6714 Hwy 53 W</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>Same</u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) <u>XXX - XX -</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8/23/2018</u>	Date <u></u>



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

OCT 05 2018

TIME REC'D BY
BLADEN CO. BOE OF ELECTIONS

957 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 5, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Tatum</u>	First Name <u>William</u>	Middle Name <u>V.</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>3286 Burney Rd</u>		Mailing Address (if different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC Driver's ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-23-2018

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

OCT 05 2018

TIME _____ REC'D BY _____
BLADEN CO. Bd. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 958 012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsb.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tatum</u>		First Name <u>Stephanie</u>		Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>3242 BUNNEY RD</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional <u>[REDACTED]</u>		
			Phone (optional) <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as: <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> Requestor's Address <u>[REDACTED]</u> City <u>[REDACTED]</u> State <u>[REDACTED]</u> Zip Code <u>[REDACTED]</u> Requestor's Phone <u>[REDACTED]</u> Requestor's Email <u>[REDACTED]</u>				
Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8-23-18 X</u>
Date <u>[REDACTED]</u>	Date <u>[REDACTED]</u>



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Mickay</u>		First Name <u>Daisy</u>		Middle Name <u>MB</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>3395 Cromartie Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

8/7/18
Date

X Daisy B
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Smith		First Name Linda		Middle Name M	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 1103 Peanut Plant Rd				Mailing Address (if different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____			Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXXX-XX-XXXX			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8/22/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

961 of 2469

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Delaia</u>		Middle Name <u>M.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>152 Pearl Lloyd Rd</u>				Mailing Address (if different than home address.) <u>P.O. Box 188</u>		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-23-2018X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 962 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Hall</u>	First Name <u>Annie</u>	Middle Name <u>M</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>703 S Hall St</u>		Mailing Address (If different than home address.) <u>P.O. Box 1684</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NCLicense or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas:)		Fax Number or Email Address	

Signature of Voter (voter only)

X [REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED]

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-05 9:11AM	4	17	9672

Scan Date/Time: 2018-10-05 9:11AM
Batch Number: 4
Batch Size: 40
Source Code: 17
Batch ID: 9672
Operator: cwilliams

Brought in By McCrae Danderson
Clea 10-4-2018



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

964 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-852-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Haywood

First Name

Effie

Middle Name

M

Suffix

Home Address (NC Residential Address.)

200 Village St #12C

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Surine

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter

X

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18

X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 965-2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown, NC

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.
BLADEN CO. BOE OF ELECTIONS

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Hales		First Name Phillip		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 1070 Hickory Grove Ballpark Rd				Mailing Address (if different than home address.)		
City Bladenboro		State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]				Voter Registration No. Optional		
SSN X X X - X X - [REDACTED]				Phone (optional)		
				Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

8-27-18

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 966 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY:

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Guyton	Cynthia	D		
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)		
3672 Owen Hill Rd				
City	State	Zip Code	City	State
Elizabethtown	NC	28337		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: 1/1/		Bladen		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number		Optional		
X X X - X X -				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same as above				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Sign

X

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18

X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.9.2

RECEIVED

OCT 04 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

967 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-852-6951
bladen.bce@ncsbe.gov

FAX: 910-852-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Guyton		First Name Ben		Middle Name Ellis	Suffix	Date of Birth
Home Address (NC Residential Address) 203 W Jennifer St				Mailing Address (If different than home address.)		
City Bladenboro		State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		
NC License or ID Number		SSN	Phone (optional)			
[REDACTED]		XXX - XX - [REDACTED]	Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above				City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
City		State	Zip Code	Name of Corporation (if appointed legal guardian)		
Requestor's Phone		Requestor's Email				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Gurgounious

First Name

Jeffrey

Middle Name

Allen

Suffix

Date of Birth

Home Address (NC Residential Address.)

390 Twisted Hickory #3

Mailing Address (If different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1/

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

SSN:

X X X - X X -

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

Aug 28 2016 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

969 of 2469

Physical Address

301 S Cypress St.
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Coburn</u>		First Name <u>Kenneth</u>		Middle Name <u>Ray</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>9760 Hwy 242 South</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28328</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Water Registration No. Optional		
NC License or ID Number <u>XXX - XX</u>		SSN [REDACTED]	Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		Requestor's Address			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

S

Signature of Near Relative/Legal Guardian (if applicable)

8/24/18
Date

X

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Gibson		First Name Carrie		Middle Name Smith	Suffix
Home Address (NC Residential Address.) 9592 NC 41 W				Mailing Address (If different than home address.)	
City Bladenboro	State	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as: <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-28-18

X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 871 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Gebo

First Name

Shania

Middle Name

Michelle

Suffix

Home Address (NC Residential Address.)

303 Pecan St #3F

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

9-5-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 072 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME: _____ REC'D BY: _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Gause		First Name Johnnie		Middle Name W	Suffix
Home Address (NC Residential Address.) 8420 NC Hwy 131				Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: ____/____/____				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional	Phone (optional) Email (optional)
SSN XXX - XX - XXXX					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sig: _____
Date: **9-5-18** X
Signature of Near Relative/Legal Guardian (if applicable)



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2013

TO: BLADEN COUNTY BOARD OF ELECTIONS
973 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Gaddy

First Name

Grace

Middle Name

L

Suffix

Home Address (NC Residential Address)

5771 Owen Hill Rd

Mailing Address (if different than home address.)

City

Tarheel

State

NC

Zip Code

28392

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN
X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Non-partisan

If "Yes," what is the name and address of the hospital or facility? ☐ Yes ☐ No

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

- ☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter

X

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 974 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ford</u>	First Name <u>Barbara</u>	Middle Name <u>Ann</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>11321 Hwy 242 S</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> / / </u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
OCT 04 2018

TIME _____ RECD BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 975 of 2469

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name

Ellis

First Name

Linda

Middle Name

Mae

Suffix

Home Address (NC Residential Address.)

339 Butlers Cemetery

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: _____

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility: _____

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

8-29-18

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 976 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME RECD BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Ellis	First Name Samantha	Middle Name Mae	Suffix	Date of Birth
Home Address (NC Residential Address.) 339 Butters Cemetery		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: / /		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same	City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			

Requestor's Name Linda Mae Ellis		If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address 339 Butters Cemetery		Name of Corporation (if appointed legal guardian)	
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) X	Signature of Near Relative/Legal Guardian (if applicable) X Linda Ellis
Date	Date 8-29-18



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 977-012469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Dixon</u>	First Name <u>Pamela</u>	Middle Name <u>Sue</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>84 Heritage Trail</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>33224075</u>		Voter Registration No. Optional		
<u>XXX - XX</u>		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>84 Heritage Trail</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/5/18

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

077 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BOE. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 978-612-469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Deaver</u>		First Name <u>Virginia</u>		Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>542 Hickory Grove Ballpark</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional <u>[REDACTED]</u>		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 979 612469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown,

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME RECEIVED BY
BLADEN CO. CLERK
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS C FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Davis	Wilford	Brad	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
2612 Twisted Hickory			
City	State	Zip Code	City
Elizabethtown	NC	28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: ____/____/____		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN	Optional	Email (optional)
	X X X - X X		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same as above				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

9-1-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 980 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Spencer	First Name Kristylin	Middle Name Lec	Suffix	Date of Birth
Home Address (NC Residential Address.) 107 W Poplar St		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	
If "No," indicate the date of your move: 1/1/18			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name Reyonda Gordon				
Requestor's Address 107 W Poplar St		Name of Corporation (if appointed legal guardian)		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X **Reyonda Gordon** 9-3-18

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 981 of 2469

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Soles	Sonya	Christine		
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)		
209 W Walnut 3A				
City	State	Zip Code	City	State
Bladenboro	NC	28320		
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: 1/1/		Bladen		
You must provide at least one identification number below. (or see instructions)		Previous Name (if applicable)		
SSN: [REDACTED] X X X - X X - [REDACTED]		Voter Registration No. Optional		
		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same				
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter		
		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

9-3-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

DATE RECEIVED BY
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Smith		First Name Earl		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address) 11321 Hwy 242 S				Mailing Address (If different than home address.)		
City Bladenboro		State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NCLicense or ID Number SSN X X X - X X				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 1481		City Elizabethtown	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

9-3-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 42312

RECEIVED

OCT 04 2018

BLADEN COUNTY BOARD OF ELECTIONS
983 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-5951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME RECEIVED BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 153 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Singleterry	First Name Steven	Middle Name Asford	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) 10701 Center Rd		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/18		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)	Email (optional)
NC License or ID Number	SSN X X X - X X [REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

984 of 2469
Mailing Address
PO Box 512
Elizabethtown

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDonald</u>	First Name <u>Ronald</u>	Middle Name <u>Lynn</u>	Suffix <u>Jr</u>	Date of Birth <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>925 Old NC 20 Rd</u>		Mailing Address (if different than home address.)		
City <u>Saint Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)	Email (optional)
NC License or ID Number	SSN <u>X X X - X X [REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>925 Old NC 20 Rd</u>		City <u>Saint Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18

Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME: _____
RECEIVED BY: _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Gordon		First Name Revonda		Middle Name LYNN	Suffix
Home Address (NC Residential Address) 107 West Poplar St				Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: ____/____/____				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X				Voter Registration No. 000000	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 107 West Poplar St		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-19-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 086 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDonald</u>		First Name <u>Jennifer</u>		Middle Name <u>Inman</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>925 Old NC 20 Rd</u>				Mailing Address (If different than home address.) [REDACTED]			
City <u>Saint Pauls</u>		State <u>NC</u>	Zip Code <u>28384</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>925 Old NC 20 Rd</u>			City <u>Saint Pauls</u>		State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
			<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address			<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
			Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7-30-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
NOV 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 987-612469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS F FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Taylor	First Name David	Middle Name James	Suffix [REDACTED]
Home Address (NC Residential Address.) 117 Taylors Rd		Mailing Address (if different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/1			
You must provide at least one identification number below. (for see instructions) NC License or ID Number XXX - XX [REDACTED]		Voter Registration No. Optional	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign **[REDACTED]** Signature of Near Relative/Legal Guardian (if applicable)
8/31/18 X
Date _____ Date _____



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 04 2018

Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951
FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Stanley</u>	First Name <u>Allan</u>	Middle Name <u>Wayne</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>8064 Center Rd</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>	City State Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," what is the name and address of the hospital or facility:	
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:	
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)
City State Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-21-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME _____ REC'D BY _____
BLADEN COUNTY BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Sherry</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>314 Lennon Dr</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-21-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 990 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown.

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Willoughby</u>	First Name <u>Hunter</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>102 Grace St</u>		Mailing Address (If different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)	Email (optional)
[REDACTED] X X X - X X - [REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>9-8-18</u>	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 991 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

on

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name WEST		First Name Robert		Middle Name EARL		Suffix [REDACTED]	
Home Address (NC Residential Address.) 386 Hillside Circle				Mailing Address (If different than home address.) P.O. Box 416			
City Bladenboro		State NC		Zip Code 28320		City Bladenboro	
		State NC		Zip Code 28320			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1-1							
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		Phone (optional)	
NO [REDACTED] SSN XXX - XX - [REDACTED]						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 416		City Bladenboro		State NC		Zip Code 28320	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent					
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law					
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
		Name of Corporation (If appointed legal guardian)					
City		State		Zip Code		Requestor's Phone	
						Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9-11-18 X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 992 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Titile	Jeffrey	S	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
9980 Hwy 131			
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____		Bladen	
You must provide at least one identification number below. (NC License or ID Number)		Registration No. (Optional)	Phone (optional)
SSN XXX - X			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same as above				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter: X

Signature of Near Relative/Legal Guardian (if applicable): X

Date: 8-25-18

Date:



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 993 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME RECEIVED
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Wright	First Name Timothy	Middle Name Wayne	Suffix [REDACTED]
Home Address (NC Residential Address.) 53 Baxley Wright Lane		Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/			
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)
NC License or ID Number XXX - XX	SSN [REDACTED]		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 601		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature X	Signature of Near Relative/Legal Guardian (if applicable) 8-14-18	Date X
-----------------------	---	------------------



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
NOV 6 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
994 of 2469 19
Physical Address:
301 S Cypress St
Elizabethtown NC
28337
Mailing Address:
PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS E FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Shaw

First Name

William

Middle Name

Suffix

Home Address (NC Residential Address.)

3109 Grimsley Farm Rd

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move: 1/1/

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

(Optional)

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8-2-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Rich	First Name Linda	Middle Name Rouse	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 422 Ashe St		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If "No," indicate the date of your move: ____/____/____		County of Residence Bladen	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) [REDACTED] SSN X X X - X X - [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 1164		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas:)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address:

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

3-25-18

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 998 of 1469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Reinecker</u>		First Name <u>Tracey</u>		Middle Name <u>L.</u>	Suffix
Home Address (NC Residential Address.) <u>306 Lennon Drive</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. <u> </u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

8/25/18

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 997 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Priest	Jeffery	Bruce	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
10237 Twisted Hickory			
City	State	Zip Code	
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN	Optional	Email (optional)
	X X X - X X		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 998 of 2469

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Priest	First Name Carlton	Middle Name Bruce	Suffix Sr
Home Address (NC Residential Address) 10237 Twisted Hickory		Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: / /		County of Residence Bladen	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same	City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name Jeffery Bruce Priest Requestor's Address 10237 Twisted Hickory City Bladenboro State NC Zip Code 28320			
Name of Corporation (if appointed legal guardian)		Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-22-18

Date

X

8-22-18

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
999 of 2469

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Packer</u>		First Name <u>Robert</u>		Middle Name <u>E</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>8717 NC Hwy 131 N</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8-9-18</u> <u>X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TIME RECD BY
BLADEN COUNTY BOARD OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1000 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Outlaw</u>		First Name <u>Timothy</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>132 Bellamy Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>9-12-2018</u>	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North CarolinaRECEIVED
MAY 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Outlaw</u>		First Name <u>Brenda</u>		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>132 Bellamy Rd</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9-12-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1002 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Monroe	Timothy	H		
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)		
12023 Hwy 242 S				
City	State	Zip Code	City	State
Bladenboro	NC	28320		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: ____/____/____		Bladen		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number		Optional		
SSN				
X X X - X X				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-05 8:28AM	2	17	9670

Scan Date/Time: 2018-10-05 8:28AM
Batch Number: 2
Batch Size: 30
Source Code: 17
Batch ID: 9670
Operator: cwilliams

Brought in by
McCrae Donless
10-4-2018
CLN



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1005 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Purdie		First Name Quashema		Middle Name D	Suffix	Date of Birth
Home Address (NC Residential Address.) 303 Pecan St 9F				Mailing Address (if different than home address.)		
City Bladenboro		State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18
Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1006 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsb.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.
BLADEN CO. BO. OF ELECTIONS

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name Powers		First Name Tommy		Middle Name	Suffix
Home Address (NC Residential Address): 17038 NC Hwy 131 S				Mailing Address (If different than home address):	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1					
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX			Voter Registration No. 00000000	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Jeannie Powers		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address 17038 NC Hwy 131 S		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
City Bladenboro		Name of Corporation (if appointed legal guardian)		
State NC	Zip Code 28320	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X **Jeannie Powers**

9-1-18

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1007 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.
BLADEN CO. BD. OF ELECTIONS

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Date

Voter Information

Last Name

Powers

First Name

Kenneth

Middle Name

Suffix

Home Address (NC Residential Address.)

17014 Hwy 131 S

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28330

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1/

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Online

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Deborah Powers

☒ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

17014 HWY 131 S

Name of Corporation (if appointed legal guardian)

City

Bladenboro

State

NC

Zip Code

28320

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X Deborah Powers

9-1-18

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1008 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Powers</u>		First Name <u>Jeannie</u>		Middle Name <u>C</u>	Suffix	Date of Birth
Home Address (NC Residential Address) <u>17038 NC Hwy 131 S</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No. <u>XXXX-XX</u>		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC license or ID Number <u>XXXX-XX</u>			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9-14-18 X
Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1009 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

BLADEN CO. BD. OF ELECTIONS

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Powers	First Name Deborah	Middle Name Sellers	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 17014 Hwy 131 S		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED] SSN X X X - X X -		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas:)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
9-1-18 X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1010 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Powell</u>	First Name <u>John</u>	Middle Name <u>J</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>10075 NC 131 Unit #2</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 606</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

9-1-18

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1011 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>	First Name <u>Tony</u>	Middle Name <u>Lee</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>6711 Hwy 41 West</u>		Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u> <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>7/26/18 X</u>
Date	Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

NOV 04 2018

TO: 1012 of 2469

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CH

I am requesting an absentee ballot for the: GENERAL ELECTION

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Kennedy</u>		First Name <u>Charlie</u>		Middle Initial <u>Mic</u>
Home Address (NC Residential Address.) <u>4818 Twisted Hickory</u>			Mailing Address (If diff)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code	City	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No. Optional	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>C</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot for: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libert		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need a: If "Yes," what is the name and address of the hospital or facility:		
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law		
Requestor's Address		Name of Corporation (
City	State	Zip Code
Requestor's Phone		

For Military/Overseas Citizens Only (may only be signed by the voter; may

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by
(Military/Overseas Vote)
Fax Number or Email.

Signature of Voter (if not a

[Redacted Signature]

Signature of N

8/3/18 X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1013 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>		First Name <u>Donald</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>303 Pecan St #3B</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-23-18

Date

X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

NOV 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1014-612469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Cullipher		First Name Lesley		Middle Name Begina		Suffix [REDACTED]	
Home Address (NC Residential Address) Harmon St. Lot #4				Mailing Address (if different than home address.)			
City White Lake		State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____							
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX [REDACTED]				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1879 White Lake Dr PMB 7284		City Elizabethtown		State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	
				Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18

Date

X

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1015-072469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.bpe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECD BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Touchton		First Name Ashley		Middle Name Nicole		Suffix [REDACTED]	
Home Address (NC Residential Address.) 4818 Twisted Hickory				Mailing Address (If different than home address.) [REDACTED]			
City Elizabethtown		State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____							
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X [REDACTED]				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same				City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address				<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TIME PERIOD
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1016 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Todd</u>		First Name <u>Larry</u>		Middle Name <u>Taz</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>492 Burney Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>48 Sam Hill Dr</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1017 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Todd</u>	First Name <u>Tasha</u>	Middle Name <u>Lee</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>48 Sand Hill Dr</u>		Mailing Address (If different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXX - XX</u>		Voter Registration No. Optional <u></u>	Phone (optional) <u></u>
		Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>48 Sand Hill Dr</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8/22/18</u>	Date <u></u>



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1018 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Annie</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>5867 US 701 S</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

10/10/2018

TIME _____ REC'D BY _____
BLADEN CO. BOE. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1019-072469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Smith

First Name

Dennis

Middle Name

Suffix

Home Address (NC Residential Address.)

5867 US 701 S

Mailing Address (If different than home address.)

City

Clarkton

State

NC

Zip Code

28433

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

same

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address:

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1020 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Date

Voter Information

Election Type (Primary, General, Municipal, Special, etc.)

Last Name

Singletery

First Name

Emerald

Middle Name

Suffix

Home Address (NC Residential Address)

706 Chestnut

#30

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

BLADEN COUNTY BOARD OF ELECTIONS
1021 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

REC'D BY
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Rose

First Name

Frances

Middle Name

Suffix

Date of Birth

Home Address (NC Residential Address)

6604 Governors Estate Dr

Mailing Address (If different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

X X X - X X

Voter Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

P.O. Box 2374

City

Elizabethtown

State

NC

Zip Code

28337

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

9-8-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. RD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1022 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Barnes

First Name

Angela

Middle Name

Faye

Suffix

Home Address (NC Residential Address.)

620 McLeod St

Apt 17A

Mailing Address (If different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: _____

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

5-4-RX

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1023 of 2469
Mailing Address
PO Box 512
Elizabethtown, NC

PHONE: 910-852-6951
bladen.boe@ncsbe.gov

FAX: 910-852-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name BANNER		First Name ROBERT		Middle Name C	Suffix	Date of Birth
Home Address (NC Residential Address.) 310 N. Main				Mailing Address (If different than home address.)		
City Bladenboro		State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1-1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) SSN XXX - XX - XXXX				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 1064		City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

Signature of Near Relative/Legal Guardian (if applicable)

8/29/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1024 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Banner</u>		First Name <u>Joseph</u>		Middle Name	Suffix <u>Jr</u>
Home Address (NC Residential Address) <u>424 Martin Luther King Jr</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

<u>X</u>	<u>X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 423.12
RECEIVED

OCT 04 2018

TIME RECEIVED BY
BLADEN CO. SO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1025 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Belamy</u>	First Name <u>Shonda</u>	Middle Name <u>L</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>419 Elizabethtown Rd #12</u>		Mailing Address (if different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u></u>
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. <u></u>	Phone (optional) <u></u>
You must provide at least one identification number below. (or see instructions) NC Driver's ID Number <u>XXX - XX -</u>		Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u>				
Requestor's Address <u></u>				
Name of Corporation (if appointed legal guardian) <u></u>				
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

9-1-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
NOV 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1026 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>BELAMY</u>		First Name <u>MIRIAM</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address) <u>303 PECAN STREET Apt 1A</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X -</u>				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>				City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter <u>[Redacted]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8-29-18 X</u>
Date <u>[Redacted]</u>	Date <u>[Redacted]</u>



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1027 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name: <u>CLARK</u>		First Name: <u>SEAN</u>		Middle Name: <u>PA+rick</u>		Suffix: _____	Date of Birth: _____
Home Address (NC Residential Address): <u>9265 Chickenfoot Road</u>				Mailing Address (If different than home address): _____			
City: <u>St Pauls</u>		State: <u>NC</u>	Zip Code: <u>28384</u>	City: _____		State: _____	Zip Code: _____
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence: <u>Bladen</u>		Previous Name (if applicable): _____	
If "No," indicate the date of your move: ____/____/____							
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX - XX</u>				Voter Registration No. Optional: _____		Phone (optional): _____	
						Email (optional): _____	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): <u>9265 Chickenfoot Rd. St Pauls</u>		City: <u>St Pauls</u>		State: <u>NC</u>	Zip Code: <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian): _____			
City		State	Zip Code	Requestor's Phone	
				Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.): _____		Fax Number or Email Address: _____	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

6 sep-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1028 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Clark</u>		First Name <u>Cynthia</u>		Middle Name <u>Fay</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>9265 Chicken Foot Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional <u>[REDACTED]</u>		
			Phone (optional) <u>[REDACTED]</u>		
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address
[REDACTED]

Signature of Voter
[REDACTED]
Date
9-6-18

Signature of Near Relative/Legal Guardian (if applicable)
X
Date
[REDACTED]



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1029 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-852-6951
bladen.boe@ncsbe.gov

FAX: 910-852-7820

REC'D BY:
BLADEN CO. SO. OF - 507036

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Brown	First Name J. Flary	Middle Name Gene	Suffix	Date of Birth
Home Address (NC Residential Address.) 2824 NC HWY 20		Mailing Address (If different than home address.)		
City Saint Pauls	State NC	Zip Code 28381	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: 8/27/18		County of Residence Bladen	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

9-7-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 42312
RECEIVED
OCT 04 2018
TIME REC'D BY
BLADEN CO. SO. OF ELECTIONS

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1030 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Council</u>	First Name <u>Eugene</u>	Middle Name	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>186 Clem Council Rd</u>		Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u> [REDACTED]		Voter Registration No. <u>000000</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

X [REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED]
Date



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1031 of 2469
Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7320

RECEIVED

OCT 04 2018

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Council</u>	First Name <u>Archinda</u>	Middle Name <u>M</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>6496 River Rd.</u>		Mailing Address (if different than home address.) <u></u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u></u>
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. <u></u>	Phone (optional) <u></u>
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address <u></u>	Name of Corporation (if appointed legal guardian) <u></u>			
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address: <u></u>

Signature of Voter (voter only)

X
Date
8-30-18

Signature of Near Relative/Legal Guardian (if applicable)

X
Date



State Absentee Ballot Request Form

North Carolina

OCT 04 2018

TIME _____ RECEIVED BY _____
BLADEN COUNTY CLERK OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

1032 of 2469
Mailing Address
PO Box 512
Elizabethtown

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Council</u>		First Name <u>Archie</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>W496 River Rd</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX</u>			Voter Registration No. <u>00000000</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (if applicable) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8-30-18</u>	Date _____



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

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OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1035 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Davis</u>	First Name <u>David</u>	Middle Name <u>Earl</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>723 Martin Luther King</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional		
NC License or ID Number [REDACTED]		Phone (optional)		
SSN <u>X X X - X X - [REDACTED]</u>		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 221</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

9-5-18

X

Date

Date

Signature of Voter (voter only) Signature of Near Relative/Legal Guardian (if applicable)

X X

8-30-18

Date Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-04 3:54PM	15	17	9668

Scan Date/Time: 2018-10-04 3:54PM
Batch Number: 15
Batch Size: 30
Source Code: 17
Batch ID: 9668
Operator: cwilliams

Brought in by Macrae
Dunbar
10-4-18
Cler



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1037 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSIFYING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Baxley</u>	First Name <u>Michael</u>	Middle Name <u>Jamie</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>12803 NC Hwy 211 W</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below, (or see instructions) NC License or ID Number SSN: <u>X X X - X X [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8-27-18</u>	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1038 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Batten</u>	First Name <u>Kristy</u>	Middle Name <u>Renee</u>	Suffix	Date of Birth	
Home Address (NC Residential Address.) <u>419 Elizabethtown Rd Apt 2</u>		Mailing Address (if different than home address.) <u>419 Elizabethtown Rd Apt 2</u>			
City <u>Bladenboro</u>	State <u>Nc</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>Nc</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sig [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
9-1-18 X
Date Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

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OCT 04 2018

Physical Address

301 S Cypress St
Elizabethtown NC
28337

1039 of 2469

PQ Box 512

Elizabethtown

PHONE: 910-862-5951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Autry		First Name Joshua		Middle Name Ryan	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 303 Acorn St #3C				Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1						
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X [REDACTED]			Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature (only) X	Signature of Near Relative/Legal Guardian (if applicable) X
Date 8-29-18	Date



State Absentee Ballot Request Form

North Carolina

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OCT 04 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1040 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Armstrong	First Name James	Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address) 302 Butler Mill Rd		Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional		
NC License or ID Number	SSN X X X - X X -	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign X	Signature of Near Relative/Legal Guardian (if applicable) 8-29-18 X
Date	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

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OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.bge@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Allison</u>		First Name <u>Lacy</u>		Middle Name <u>Donald</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>208 Village St Apt #5A</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____				County of Residence <u>Bladen</u>		Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signa

X

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

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OCT 04 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

1042 of 2469

Mailing Address
PO Box 512
Elizabethtown

FAX: 910-862-7820

TIME _____ REC'D BY _____

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Adams</u>		First Name <u>Crystal</u>		Middle Name <u>Lynn</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>303 Pecan St Apt 9A</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NCLicense or ID Number <u>X X X - X X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8-29-18 X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

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OCT 04 2018

TIME RECD BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1043 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information			
Last Name <u>Prevatte</u>	First Name <u>Hunter</u>	Middle Name <u>Chase</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>143 Marshall Cain Rd</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below: (or see instructions) NC License or ID Number: <u>XXX - XX [REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>9-1-18</u>	Date



State Absentee Ballot Request Form

North Carolina

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OCT 04 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME: REC'D BY:

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Pope</u>	First Name <u>Joseph</u>	Middle Name <u>Ray</u>	Suffix <u>Jr</u>
Home Address (NC Residential Address.) <u>779 Hickory Grove Ballpark Rd</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28538</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>		Voter Registration No. Optional	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	
	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (if applicable)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

8-25-18

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1045 of 2469
Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Paik</u>		First Name <u>Bobby</u>		Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>10456 NC 131</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) [REDACTED] <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED] 9-1-18 X
Date Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Paik		First Name Randy		Middle Name	Suffix
Home Address (NC Residential Address.) 12948 Hwy 131				Mailing Address (if different than home address.)	
City Bladenboro	State	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) SSN: XXX - XX -			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X (voter only)	Signature of Near Relative/Legal Guardian (if applicable)
8-27-18	X
Date	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1047-012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Paik	First Name Levy	Middle Name Clayton	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 1370 Center Rd			Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X [REDACTED]			Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Joyce Sylvia Paik		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 1370 Center Rd		Name of Corporation (If appointed legal guardian)		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X **Joyce Sylvia Paik**

8-27-18

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1048 of 2469

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Paiv</u>		First Name <u>Joyce</u>		Middle Name <u>Sylvia</u>		Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>1370 Center Rd</u>				Mailing Address (if different than home address.)			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: _____/_____/_____							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX - [REDACTED]</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>			City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen <u>residing outside the U.S. temporarily or indefinitely</u>			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1049 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Paik</u>	First Name <u>helly</u>	Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>10456 NC 131</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> / / </u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) [REDACTED] X X X - X X - [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Robby Paik</u>	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>10456 NC 131</u>		Name of Corporation (If appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X Robby L. Paik 9-1-18



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. SO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1050 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Packer</u>		First Name <u>Brittany</u>		Middle Name <u>Nicole</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>299 Oak Grove Church Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	
NC License or ID Number		SSN <u>X X X - X X - [REDACTED]</u>		Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	<u>09-5-18</u> <u>[Signature]</u> Date	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>	<u> </u> Date
-----------------------	--	---	--------------------



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Packer	First Name Barbara	Middle Name J	Suffix [REDACTED]
Home Address (NC Residential Address.) 299 Oak Grove Church Rd		Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code	City Bladen
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X [REDACTED]		Voter Registration No. Optional	Phone (optional)
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Brittany Packer		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address 299 Oak Grove Church Rd		<input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
City Bladenboro		Name of Corporation (if appointed legal guardian)		
State NC		Requestor's Phone		
Zip Code 28320		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X **Brittany Packer**

08-5-18

Date

Date



State Absentee Ballot Request Form
North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1052 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Owens</u>	First Name <u>Annie</u>	Middle Name <u>McKay</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>390 Twisted Hickory #4</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NCLicense or ID Number SSN <u>X X X - X X [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature [REDACTED] Signature of Near Relative/Legal Guardian (if applicable) X
Date 8-28-18 Date _____



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1053 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name Nardi	First Name Betty	Middle Name J	Suff [REDACTED]
Home Address (NC Residential Address.) 200 Village St		Mailing Address (If different than home address.) 14A	
City Bladenboro	State NC	Zip Code 28320	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence Bladen	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X [REDACTED]		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1054 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
BLADEN CO. SD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Nance</u>		First Name <u>Carlee</u>		Middle Name <u>F</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>11832 HW 242 S</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXX-XX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>R-2818 X</u>
Date	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1055 of 2469

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Mote		First Name Valia		Middle Name Denise	Suffix [REDACTED]
Home Address (NC Residential Address.) 11502 Village Dr				Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NCLicense or ID Number X X X - X X			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

B-29-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North CarolinaTIME RECD BY
BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Morphics</u>		First Name <u>Jodee</u>		Middle Name <u>Lynn</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>706 Chestnut St. #23</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1057 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Shaw		First Name Shavon		Middle Name Lee		Suffix	Date of Birth
Home Address (NC Residential Address.) 11609 NC Hwy 211 W				Mailing Address (If different than home address.)			
City Bladenboro		State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____				Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: SSN X X X - X X [REDACTED]				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18 X

Date

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1058 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-852-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Voter Information

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Last Name

Russ

First Name

Lisa

Middle Name

Emil

Suffix

Home Address (NC Residential Address)

303 Pecan St

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1-1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BOE. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1059 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Russ</u>		First Name <u>Jonathan</u>		Middle Name <u>Shane</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>2116 Gaston Dr</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>29320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address.

Signature of Near Relative/Legal Guardian (if applicable)
9-3-18 X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

RECEIVED BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Roy</u>	First Name <u>Stephen</u>	Middle Name <u>James</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>312 Anne St</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>[REDACTED]</u>
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (If different than home address, list here) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

9-3-18 X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1061 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REQUESTED BY
BLADEN CO. SD. OFF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Roy</u>	First Name <u>Stephanie</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>206 Butler Mill Rd</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below: (or see instructions) NC License or ID Number <u>X X X - X X -</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (Voter only) X Signature of Near Relative/Legal Guardian (if applicable) X
Date 8-29-18 Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. CLERK OF ELECTIONS

10. BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S. Cypress St.
Elizabethtown, NC
28337

1062 of 2469

Mailing Address
PO Box 512
Elizabethtown, NC

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Robinson</u>	First Name <u>Carolina</u>	Middle Name <u>Blue</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>549 NC HWY 410 Apt 9A</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>SSN XXX - XX [REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Sig: [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
8-30-B X
Date Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Rhodie</u>	First Name <u>Kendra</u>	Middle Name <u>Jaquise</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>218 Todd Britt Ct</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXX - XX</u>		Voter Registration No. Optional	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 2443</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1064 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Refamar</u>	First Name <u>Cefire</u>	Middle Name <u>Delons</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>709 Martin Luther King Jr Dr</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX - [REDACTED]</u> SSN: <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas):		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9/1/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1065 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Rimes</u>	First Name <u>Joshua</u>	Middle Name <u>Edwin</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>590 Hickory Grove Ballpark Rd</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u> [REDACTED]		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8/27/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 04 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1066 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Braves</u>	First Name <u>Gina</u>	Middle Name <u>Wood</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>609 W Seaboard St</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]		Voter Registration No. <u>000000</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u> [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>9-3-18</u>	Date

Scan Date

Batch Number

Source Code
Export 2.3.1.2

1068 of 2469
Batch ID

2018-10-04 2:58PM

14

17

9667

Scan Date/Time: 2018-10-04 2:58PM

Batch Number: 14

Batch Size: 30

Source Code: 17

Batch ID: 9667

Operator: cwilliams

Brought in by McCrae

Dawlers

10-4-2018



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1069 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name Williams	First Name Cassandra	Middle Name Robin	Suffix [REDACTED]
Home Address (NC Residential Address.) 303 Pecan St # D11		Mailing Address (if different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/			
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX [REDACTED]		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same	City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] **8/28/18** **X**
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1070 OF 2469

Physical Address:
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY:
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Warwick</u>	First Name <u>Edgar</u>	Middle Name <u>Gordon</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>11321 Hwy 242 S</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X
Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 412.9.12

RECEIVED

OCT 04 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1071 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-5951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.
BLADEN CO. BO. OF ELECTIONS

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Date

Voter Information

Election Type (Primary, General, Municipal, Special, etc.)

Last Name <u>Ward</u>		First Name <u>Jerry</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>104 Pecan St 2C</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX - [REDACTED]</u>				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>				City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Address				Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
8-29-18 X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

1072 of 2469

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-5951
bladen.boe@ncsba.gov

FAX: 910-862-7820

TIME: _____ REC'D BY: _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Ward

First Name

Doris

Middle Name

Suffix

Home Address (NC Residential Address)

104 Pecan St 2C

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move: 1/1

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No. Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina Exhibit 4-2.3-P.2

RECEIVED

NOV 04 2018

Physical Address: 301 S Cypress St
Elizabethtown NC 28337
PHONE: 910-852-6951
bladen.boe@ncsbe.gov

1073 of 2469
Mailing Address: PO Box 512
Elizabethtown
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 5, 2018

Election Date

Voter Information

Last Name Tyler		First Name Beverly		Middle Name	Suffix
Home Address (NC Residential Address): 303 Pecan St #3E				Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1-1-1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) SSN: XXX - XX - XXX			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian).

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter: **X**

Signature of Near Relative/Legal Guardian (if applicable): **X**

Date: **8-26-18**



State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1074 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-852-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Date

Voter Information			
Last Name Tittle	First Name Natalie	Middle Name Carlene	Suffix
Home Address (NC Residential Address) 9980 Nc Hwy 131		Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State
		Zip Code	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only) X	Signature of Near Relative/Legal Guardian (if applicable) X
Date 8-26-18	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1075 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Thomas

First Name

Florence

Middle Name

L

Suffix

Date of Birth

Home Address (NC Residential Address):

200 Village St Apt #9A

Mailing Address (If different than home address):

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

Same as above

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

8/27/08 X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1076-012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Taylor</u>		First Name <u>Melise</u>		Middle Name <u>R</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>300 Gaston DR</u>				Mailing Address (if different than home address.) [REDACTED]		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>				County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City		State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	
		Requestor's Email			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature <u>[REDACTED]</u>	Date <u>9-3-18</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>	Date _____
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State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1077 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name Stanley		First Name Lisa		Middle Name L	Suffix [REDACTED]
Home Address (NC Residential Address) 200 Village St #12 D				Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional	Phone (optional) Email (optional)
NC License or ID Number		SSN X X X - X X [REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same				City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address				Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X	Signature of Near Relative/Legal Guardian (if applicable) X
8-29-18	X
Date	Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Stanley</u>		First Name <u>Allen</u>		Middle Name <u>Wayne</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>8064 Center Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian)		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

8-28-18
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1079 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Davis	First Name David	Middle Name L	Suffix	Date of Birth
Home Address (NC Residential Address.) 150 Clayton Pitt Rd		Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same As Above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

11-6-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Coyington		First Name Melody		Middle Name D	Suffix [REDACTED]
Home Address (Not Residential Address.) 303 Pecan St 11 B				Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro		State NC	Zip Code 28320	City [REDACTED]	State [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: 1/1/18				Previous Name (if applicable) [REDACTED]	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]				Voter Registration No. [REDACTED]	Email [REDACTED]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: [REDACTED] Requestor's Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Requestor's Phone: [REDACTED] Requestor's Email: [REDACTED]				
Name of Corporation (If appointed legal guardian) [REDACTED]				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

8-29-18

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

CLAY COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1081 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name Collins	First Name Jack	Middle Name	Suffix Jr.	Date of Birth
Home Address (NC Residential Address.) 200 Village St Apt. 10 D		Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional		
NC License or ID Number	SSN X X X - X X -	Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X	Signature of Near Relative/Legal Guardian (if applicable) 8-24-18 X
Date	Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

NOV 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1082 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Campbell		First Name Janice		Middle Name Elizabeth		Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 212 Butters Loop				Mailing Address (if different than home address.)			
City Bladenboro		State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____							
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 883			City Bladenboro		State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility: _____						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter (voter only)

[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 **X**

Date

Date



State Absentee Ballot Request Form

North Carolina

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1083 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7320

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Butler		First Name Mary		Middle Name Alice	Suffix	Date of Birth
Home Address (NC Residential Address.) 549 W. Hwy 410 APT 3-D				Mailing Address (If different than home address.)		
City Bladenboro		State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: X X X - X X - [] [] []				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter X	Signature of Near Relative/Legal Guardian (if applicable) 9-7-18 X
Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 908-662-2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Butler		First Name Janet		Middle Name Marie		Suffix [REDACTED]	
Home Address (NC Residential Address.) 1857 Hwy 410				Mailing Address (if different than home address.)			
City Bladenboro		State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____							
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		Phone (optional)	
NC License or ID Number		SSN X X X - X X		[REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name						
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas:)		Fax Number or Email Address	

Sign [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
X **9-7-18 X**
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

104 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1085 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Butler	First Name Alvin	Middle Name D	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 1857 MC Hwy 410		Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/18		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]		Voter Registration No. Optional XXXX - XX - [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

9-7-18

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St

Elizabethtown NC

28337

Mailing Address

PO Box 512

Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Bullard

First Name

Courtney

Middle Name

Denise

Suffix

Home Address (NC Residential Address.)

1168 Old Abbottsburg Rd

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below: (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter

X

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1087 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-5951
bladen.boe@ncsba.gov

FAX: 910-862-7820

TIME _____
RECEIVED BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name <u>Buffkin</u>		First Name <u>Jo</u>		Middle Name <u>-</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>208 W. Walnut St. Apt. 8-D</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable) <u>[REDACTED]</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
				Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>208 W. Walnut St. Apt. 8-D</u>				City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> Requestor's Address <u>[REDACTED]</u> City <u>[REDACTED]</u> State <u>[REDACTED]</u> Zip Code <u>[REDACTED]</u> Requestor's Phone <u>[REDACTED]</u> Requestor's Email <u>[REDACTED]</u>						
Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>						

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8-29-18</u>	Date <u>[REDACTED]</u>



State Absentee Ballot Request Form

North Carolina

04 2010 10 10 2010

TIME REC'D BY TIME REC'D BY
BLADEN CO. BOE OF ELECTIONS BLADEN CO. BOE OF ELECTIONS

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1088 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Bryan	First Name John	Middle Name P	Suffix	Date of Birth
Home Address (NC Residential Address.) 549 Hwy 410 Apt. #3C		Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X	Signature of Near Relative/Legal Guardian (if applicable) 8-30-18 X
Date	Date



State Absentee Ballot Request Form

North Carolina

OCT 04 2018

TIME _____ REC'D BY
BLADEN CO. CLERK OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1089 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Date

Voter Information

Election Type (Primary, General, Municipal, Special, etc.)

Last Name Brown		First Name Jack		Middle Name E	Suffix
Home Address (NC Residential Address.) 303 Pecan St Apt 0B				Mailing Address (if different than home address.)	
City Bladenboro		State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: 1-1				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional	
NC License or ID Number		SSN X X X - X X -		Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature 	Signature of Near Relative/Legal Guardian (if applicable) 8-29-18 X
Date	Date



State Absentee Ballot Request Form

North Carolina

OCT 04 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1090 of 2469

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name <u>Brooks</u>		First Name <u>Constance</u>		Middle Name <u>Bennett</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>303 Pecan St Apt 2D</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	
NC License or ID Number		SSN <u>X X X - X X</u>		[REDACTED]		Phone (optional)	
[REDACTED]		[REDACTED]		[REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>			City		State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name			Requestor's Address			
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable) <u>8-29-18 X</u>	
Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1091-012469

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Britt</u>		First Name <u>Toni</u>		Middle Name <u>Marie</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>155 Gaston Dr</u>				Mailing Address (If different than home address.) [REDACTED]			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____							
You must provide at least one identification number below, (or see instructions) NC License or ID Number SSN <u>X X X - X [REDACTED]</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?). <u>Same as above</u>			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
			<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address			<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
			Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
X 9-3-18 X
Date Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 04 2018

Physical Address

301 S Cypress St.
Elizabethtown NC
28337

1092 of 2469

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. CO. CLERK

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Britt

First Name

T. Ilman

Middle Name

Eugene

Suffix

Jr.

Home Address (NC Residential Address.)

209 W. Walnut

Apt 4A

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Motor Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. SO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1093 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Britt</u>		First Name <u>Meter Elmer</u>		Middle Name <u>Steve</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>155 Easton Dr</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____/_____/_____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u> [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

9-3-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. SO. OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

1094 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Britt	First Name Mary	Middle Name Beth	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) 513 James Pait Road		Mailing Address (If different than home address.) 513 James Pait Road			
City Bladenboro	State NC	Zip Code 28320	City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/					
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]			Voter Registration No. Optional		
SSN XXX - XX -			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sig
[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)
08-30-8X

Date _____ Date _____



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

NOV 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1095 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Blanks</u>		First Name <u>Sharon</u>		Middle Name <u>B</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>219 Gaston Dr</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>/ /</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>9-3-18</u>	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

NOV 04 2018

TIME REC'D BY
BLADEN CO. RD. OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1096 of 2469
PO Box 512
Elizabethtown

PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsba.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Berry</u>	First Name <u>Janice</u>	Middle Name <u>F</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>208 W. Walnut St Apt 8B</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>[REDACTED]</u>
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Optional	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u>				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address: <u>[REDACTED]</u>	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2 3.1.2

RECEIVED
OCT 04 2018

TO: Bladen County 1097 of 2469
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

11-6-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Beeding

First Name

Kimberly

Middle Name

N

Suffix

Home Address (NC Residential Address.)

209 W Walnut

#3C

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1-1-

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

Phone

Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

- ☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

OR Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

www.NCSBE.gov to check your voter registration or absentee voting status.



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BOE. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1098 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Beasley</u>	First Name <u>Thim</u>	Middle Name <u>Leshron</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>390 Twisted Hickory Rd #23</u>		Mailing Address (If different than home address.) <u>390 Twisted Hickory Rd #23</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign X Signature of Near Relative/Legal Guardian (if applicable) X
Date 8-28-18 Date _____

Scan Date	Batch Number	Source Code	Batch ID
2018-10-04 2:10PM	13	17	9666

Scan Date/Time: 2018-10-04 2:10PM

Batch Number: 13

Batch Size: 30

Source Code: 17

Batch ID: 9666

Operator: Williams

Brought in by McCrae Dowless
10-4-2018



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. Bd. of Elections

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name BUNN		First Name STEPHEN		Middle Name WAYNE	Suffix [REDACTED]
Home Address (NC Residential Address.) 56 Fayetteville Rd				Mailing Address (if different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC [REDACTED] SSN XXX - XX - [REDACTED]			Voter Registration No. Optional	Phone (optional) 549 8284	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 56 Fayetteville Rd.		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

10/1/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. RD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bunn</u>		First Name <u>KATHRYN</u>		Middle Name <u>SELLERS</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>56 FAYETTEVILLE Rd</u>				Mailing Address (If different than home address.)		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>	Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) [REDACTED] SSN <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>56 FAYETTEVILLE Rd</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X Signature of Near Relative/Legal Guardian (if applicable) X
 Date 10/1/18 Date _____



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BUNN</u>		First Name <u>LOGAN</u>		Middle Name <u>HEWETT</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>56 FAYETTEVILLE Rd.</u>				Mailing Address (If different than home address.)		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>	Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional	Phone (optional)	Email (optional)	
SSN <u>X X X - X X - </u>				<u>549 8284</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>56 FAYETTEVILLE Rd</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

10/1/18
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>BUNN</u>		First Name <u>STEPHEN</u>		Middle Name <u>ZACHARY</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>56 FAYETTEVILLE Rd</u>				Mailing Address (if different than home address.) <u></u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		
SSN <u>X X X - X X -</u>			Phone (optional) <u>549 8284</u>		
			Email (optional) <u></u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>56 FAYETTEVILLE Rd</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1105 01 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Wright	First Name Stacy	Middle Name Lane	Suffix
Home Address (NC Residential Address.) 200 Grace St		Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence: Bladen	
If "No," indicate the date of your move: / /		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
8-14-18 X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BOJ. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Hewett		First Name Shelley		Middle Name Denise	Suffix [REDACTED]
Home Address (NC Residential Address): 303 Pecan St Apt #16				Mailing Address (If different than home address): [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional	Phone (optional)	Email (optional)
[REDACTED] X X X - X X - [REDACTED]					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same		City	State	Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas):

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (or Requestor)

Signature of Near Relative/Legal Guardian (if applicable)

X

10-2-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. SO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1107 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLamb</u>		First Name <u>Judy</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>212 Butters Loop</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions)			Email (optional)			
[Redacted] SSN <u>X X X - X X -</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 883</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign

X

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1008-67-2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Allen	First Name Carolyn	Middle Name Hooks	Suffix
Home Address (NC Residential Address.) 114 Whiteville Rd		Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/		Voter Registration No. XXXXXXXXXX	Phone (optional) Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX-XX			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sig
X
Signature of Near Relative/Legal Guardian (if applicable)
9-1-18 X
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1109 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Deaver

First Name

Graham

Middle Name

W

Suffix

Home Address (NC Residential Address)

542 Hickory Grove Ballpark

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move: ____/____/____

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Virginia Deaver

☒ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

542 Hickory Grove Ballpark Rd

Name of Corporation (if appointed legal guardian)

City

Bladenboro

State

NC

Zip Code

28320

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X Virginia Deaver 11-27-2018

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 423.12
RECEIVED
OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1110 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

RECEIVED
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>THOMPSON</u>		First Name <u>TERESA</u>		Middle Name <u>ANNE</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1061 Pages Lake Rd.</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>St. Pauls</u>		State <u>NC</u>	Zip Code <u>28384</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>BLADEN</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1/1/1</u>				Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>536-9964</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				SSN <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1061 Pages Lake Road</u>		City <u>St. Pauls</u>		State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>			
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>		Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (voter only) <u>X</u> Date <u>8/1/18</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> Date <u>[REDACTED]</u>
--	--



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Edwards		First Name Donnie		Middle Name Glen	Suffix [REDACTED]
Home Address (NC Residential Address.) 1502 Village Dr				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC license or ID Number SSN X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 11502 Village Dr		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X	Signature of Near Relative/Legal Guardian (if applicable) X 8/9/18
Date	



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina
RECEIVED
OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S. Cypress St.
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

1112 of 2469
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>		First Name <u>Jerrad</u>		Middle Name <u>Ashton</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>239 Bladenboro Airport Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>SSN</u> <u>X X X - X X [REDACTED]</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>				City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Address				Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter: X [REDACTED] Date: 8-5-18

Signature of Near Relative/Legal Guardian (if applicable): X [REDACTED] Date: _____



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1115 612469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Childress</u>		First Name <u>Laura</u>		Middle Name <u>Ann</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1573 marsh Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) <u>[REDACTED]</u> XXX - XX - [REDACTED]				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-5-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
Exhibit 4.2.3.1.2

OCT 04 2018

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

114 of 2469
Elizabethtown

PHONE: 910-862-6951
bladen.boo@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECD BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Other Information

First Name <u>Guy</u>	Middle Name <u>Warren</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>573 Marsh Rd</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If "No," indicate the date of your move: <u>1/1/</u>		
You must provide at least one identification number below. (or see instructions) ID Number <u>XXX-XX-XXXX</u>		
Mailing Address (If different than home address.) <u>[REDACTED]</u>		
City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28320</u>
County of Residence <u>Bladen</u>	Previous Name (if applicable)	
Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> Requestor's Address <u>[REDACTED]</u> Requestor's City <u>[REDACTED]</u> State <u>[REDACTED]</u> Zip Code <u>[REDACTED]</u> Requestor's Phone <u>[REDACTED]</u> Requestor's Email <u>[REDACTED]</u>			
Name of Corporation (if appointed legal guardian)			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

Signature

X

8-5-18

Date

X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
 North Carolina

RECEIVED
 OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
 1115 of 2469

Physical Address
 301 S Cypress St.
 Elizabethtown NC
 28337

Mailing Address
 PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CHILDRESS</u>		First Name <u>DAVID</u>		Middle Name <u>HILBURN</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1573 MARSH ROAD</u>				Mailing Address (if different than home address.)		
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
You must provide at least one identification number below, for see instructions: [REDACTED] <u>XXX - XX - </u>			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED] 8-5-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Callihan

First Name

Hiram

Middle Name

Suffix

Home Address (NC Residential Address.)

526 Kelly Rd

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.

Optional

Phone (optional)

Email (optional)

County of Residence

Bladen

Previous Name (if applicable)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address:

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Brown

First Name

Clayton

Middle Name

Suffix

Home Address (NC Residential Address.)

102 Grace St

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move: ____/____/____

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter

X

Signature of Near Relative/Legal Guardian (if applicable)

9-8-18

X

Date

Date



Exhibit 4.2.3.1.2

1118 of 2469

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN COUNTY BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

Election Type (Primary, General, Municipal, Special, etc.)

on

NOVEMBER 6, 2018

Election Date

Voter Information

Last Name

Britt

First Name

Joanna

Middle Name

June

Suffix

[REDACTED]

Home Address (NC Residential Address.)

1221 Pleasant Grove Rd.

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1-1-

You must provide at least one identification:

[REDACTED]

County of Residence

Bladen

Previous Name (if applicable)

Voter Registration No.

011000

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ LibertarianIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Non-partisanIf "Yes," what is the name and address of the hospital or facility: ☐ Yes ☐ No

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Britt

First Name

Caison

Middle Name

Titus

Suffix

Home Address (NC Residential Address.)

985 Pleasant Grove Church Road

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ LibertarianIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Brisson

First Name

Keith

Middle Name

T

Suffix

Date of Birth

Home Address (NC Residential Address)

2020 Center Rd

Mailing Address (If different than home address)

City

Bladenboro

State

NC

Zip Code

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

8-25-18

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1121 of 2469

Physical Address
301 S. Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Brisson</u>		First Name <u>Dean</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>411 Brisson Rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX</u>			Voter Registration No. <u>00000000</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

1122 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Blackwell		First Name Brandon		Middle Name E	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 55 Holly Britt Court				Mailing Address (if different than home address.)		
City Bladenboro		State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX - [REDACTED]				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

9-15-2018 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

MAY 04 2018

TO: 1123 of 2469
BLADEN COUNTY BOARD OF ELECTIONSPhysical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Berry

First Name

Thomas

Middle Name

Gearld

Suffix

Home Address (NC Residential Address.)

303 Pecan St Apt. #3H

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-20-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1124 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME: _____ REC'D BY: _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Baker</u>		First Name <u>Sharon</u>		Middle Name <u>Diane</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>303 Pecan St Apt. #60</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-20-18

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1125 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Avant

First Name

James

Middle Name

Suffix

Date of Birth

Home Address (NC Residential Address.)

520 Ashe St

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1/

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions).

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

P.O. Box 84

City

Bladenboro

State

NC

Zip Code

28320

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

- | | | | | |
|-------------------------------------|--|---|--|--|
| <input type="checkbox"/> spouse | <input type="checkbox"/> brother/sister | <input type="checkbox"/> parent | <input type="checkbox"/> grandparent | <input type="checkbox"/> stepparent |
| <input type="checkbox"/> child | <input type="checkbox"/> grandchild | <input type="checkbox"/> stepchild | <input type="checkbox"/> mother-in-law | <input type="checkbox"/> father-in-law |
| <input type="checkbox"/> son-in-law | <input type="checkbox"/> daughter-in-law | <input type="checkbox"/> legal guardian | | |

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

9/8/18 X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FILED
RECD BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Armstrong</u>		First Name <u>Robert</u>		Middle Name <u>Powell</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>604 S Main St</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		SSN <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 236</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

9/8/2018 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Armstrong</u>		First Name <u>Jane</u>		Middle Name <u>B</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Resident's Address) <u>604 S Main St.</u>				Mailing Address (if different than home address.) 	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City 	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u> / / </u>				Previous Name (if applicable) 	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>				Voter Registration No. Optional 	Phone (optional)
				Email (optional) 	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 236</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: 				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address 		Name of Corporation (if appointed legal guardian) 		
City 	State 	Zip Code 	Requestor's Phone 	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) 		Fax Number or Email Address 	

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED]
Date 9-8-18 X



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TIME RECD BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1128 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Alambis</u>		First Name <u>Corey</u>		Middle Name <u>Wilson</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address): <u>126 E Railroad St</u>				Mailing Address (If different than home address):		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): <u>P.O. Box 1303</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address:	

Signature of Near Relative/Legal Guardian (if applicable)
8/22/18 X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1129 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Varborough</u>	First Name <u>Heri</u>	Middle Name <u>J</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>15546 NC Hwy 131</u>		Mailing Address (if different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u></u>
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXXXX</u>		Voter Registration No. <u></u>	Phone (optional) <u></u>
		Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 593</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u></u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u></u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>	Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	
Requestor's Phone <u></u>		Requestor's Email <u></u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature of Voter <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>9-1-18</u>	Date <u></u>



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1150 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Wright	First Name Joanne	Middle Name F	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 6028 Marsh Rd		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence Bladen	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) N [REDACTED] SSN X X X - X X - [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	
Current Address (Address where you are currently stationed or living overseas.)			

Signature of Near Relative/Legal Guardian (if applicable)
828-48 X
Date _____ Date _____



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4.2 3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name JOHNSON		First Name VERNESSA		Middle Name ANN	Suffix	Date of Birth
Home Address (NC Residential Address.) 401 SWANZY RIDGE WAY # 104				Mailing Address (if different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]			Voter Registration No. 000000048366		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

9/10/2018
Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4 2-3 12

BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512 1133 of 2469
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

General Instructions

A person must be a registered voter in their North Carolina county of residence in order to request an absentee ballot. If not registered to vote in the proper county, a person must submit a voter registration application along with this form. Voter registration applications are available online at www.ncsbe.gov. The deadline to register to vote is 25 days prior to the date of the election.

Completing the Form

The voter's full name, residential address, date of birth and an identification number (see Proof of Identification below) must be provided on this form. This information will be used to confirm your voter registration. In addition, this form must be signed by the voter or the voter's near relative or qualified legal guardian.

Who may make a request for an absentee ballot

Either the voter or the voter's near relative or qualified legal guardian may request an absentee ballot. A "near relative" is defined as the voter's spouse, brother, sister, parent, grandparent, child, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, stepparent, or stepchild.

Who may not make a request for an absentee ballot

If a registered voter is a patient in any hospital, clinic, nursing home or rest home in this State, it is unlawful for any owner, manager, director, employee, or other person, other than the voter's near relative or verifiable legal guardian, to request an absentee ballot on behalf of the voter. The voter's county board of elections should be contacted if a voter in a hospital, clinic, nursing home or rest home in this State needs assistance requesting or voting an absentee ballot.

Updating Voter Information

This form may also serve as a voter change form; however, changes in voter registration may only be made by the voter.

Proof of Identification

If the voter's identification number (NC driver license number, NC DMV-issued identification card number, or last four digits of social security number) is not provided, then provide with this request a copy of a document that shows the name and residential address of the voter: a current utility bill, bank statement, government check, paycheck, or other government document.

Ballot Availability

Absentee balloting materials are mailed to voters once ballots for an election are available. For most elections, ballots will be available 50 days prior to the date of the election. Absentee ballots are available 60 days prior to the date of a statewide general election and 30 days prior to the date of a city or municipal election.

Submitting the form

Submit this form to the County Board of Elections no later than 5:00 p.m. on the Tuesday before the date of the election.

Address: Bladen County Board of Elections
Po Box 512
Elizabethtown, NC 28337

Email: elections@bladenco.org

Fax: (910) 862-7820

This form may be mailed, faxed, emailed, or delivered in person. Visit www.ncsbe.gov to check the status of your absentee request.

Scan Date	Batch Number	Source Code	Batch ID
2018-09-24 3:41PM	3	17	9601

Scan Date/Time: 2018-09-24 3:41PM

Batch Number: 3

Batch Size: 41

Source Code: 17

Batch ID: 9601

Operator: cwilliams



State Absentee Ballot Request Form
North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Other Information

First Name <u>Dowless</u>	First Name <u>Jessica</u>	Middle Name <u>Karen</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>2766 Twisted Hickory</u>		Mailing Address (if different than home address.)		
City <u>E-town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
Previous Name (if applicable)				
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (or see instructions)		Voter Registration No.		
IC License or ID Number SSN <u>X X X - X X</u> [REDACTED]		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2766 Twisted Hickory Rd.</u>		City <u>E-town</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) _____ Signature of Near Relative/Legal Guardian (if applicable) _____
Date _____ Date _____

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

THE RECORD BY
BLADEN CO. ED. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Heustess</u>		First Name <u>Sharon</u>		Middle Name <u>—</u>	Suffix <u>—</u>	Date of Birth <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>37 Storms Rd.</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>—</u>	
If "No," indicate the date of your move: <u>—/—/—</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>—</u>	Email (optional) <u>—</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>37 Storms Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>—</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>—</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>—</u>		Name of Corporation (if appointed legal guardian) <u>—</u>		
City <u>—</u>	State <u>—</u>	Zip Code <u>—</u>	Requestor's Phone <u>—</u>	Requestor's Email <u>—</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>—</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>—</u>

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

 THE RECORD BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Heverly</u>	First Name <u>ANDREA</u>	Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2305 GUYTON Rd</u>		Mailing Address (If different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional		
		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

6-11-18
 Date

X

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

FILED
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Heverly</u>		First Name <u>Brenton</u>		Middle Name <u>K</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2305 Gwynn Rd</u>				Mailing Address (If different than home address):	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence: <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX [REDACTED]</u>			Voter Registration No. <u>Optional</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address:		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

SEP 21 2018

1140 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

BLADEN CO. ED. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hickman</u>	First Name <u>Suzanne</u>	Middle Name <u>Marie</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>304 Village St Apt 3C</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>[REDACTED]</u>
If "No," indicate the date of your move: <u>1/1</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name <u>[REDACTED]</u>		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (voter only)

[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

1141 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>IVEY</u>		First Name <u>MARY</u>		Middle Name <u>B</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>10850 Center Road Rd</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>		State <u>N.C.</u>	Zip Code <u>28520</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>				County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX</u> SSN: <u>[REDACTED]</u>				Voter Registration No. <u>Optional</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-18-18 X
Date

Date



State Absentee Ballot Request Form
North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 153 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION

on November 6, 2018

Voter Information

Last Name <u>JOHNSON</u>		First Name <u>ANTHONY</u>		Middle Name <u>J</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>303 PECAN ST. (2-H)</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>			You must provide at least one identification number below. (or see instructions)		
NC License or ID Number: SSN <u>XXX - XX - [REDACTED]</u>			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>303 PECAN ST (2-H)</u>				City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

5-27-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jones</u>	First Name <u>Joyce</u>	Middle Name <u>Stephens</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>549 Hwy. 410 Apt. 9-D</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28332</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number		Voter Registration No. Optional	Phone (optional)	Email (optional)
SSN <u>XXX - XX - XXXX</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
6/28/18
 Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

NOV 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown, NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name LESSANE		First Name Jerry		Middle Name W	Suffix [REDACTED]
Home Address (NC Residential Address.) 52 Pom Pie Rd				Mailing Address (if different than home address.) [REDACTED]	
City Elizabethtown	State NC	Zip Code 28337	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX			Voter Registration No. [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 64		City Dublin	State NC	Zip Code 28332
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1145 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Lewis	First Name JANICE	Middle Name M	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 525 JAMES PAIT RD		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1				
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Linda Mintz		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input checked="" type="checkbox"/> legal guardian		
Requestor's Address 188 Lewis Pocket Rd		Name of Corporation (if appointed legal guardian)		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X **Linda Mintz** 7-28-18

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

1146 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name LITTLE		First Name LOUISE		Middle Name H	Suffix [REDACTED]
Home Address (NC Residential Address): 1008 NC 131				Mailing Address (if different than home address): [REDACTED]	
City Bladenboro		State NC	Zip Code 28320	City [REDACTED]	State [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1					
You must provide at least one identification number below. (or see instructions)		Voter Registration No. [REDACTED]		Phone (optional)	
NC License or ID Number X X X - X X [REDACTED]	SSN [REDACTED]			Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): SAME		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		Name of Corporation (if appointed legal guardian)		
State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X 7-10-18

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
SEP 21 2018

TIME: 10:00 AM
RECEIVED BY:
BLADEN CO. SO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Long</u>	First Name <u>Richard</u>	Middle Name <u>m</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>48 Hill side Circle</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)	Email (optional)
NC License or ID Number	SSN <u>X X X - X X - [REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>7718 X</u>
Date	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1148 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McCarty</u>		First Name <u>Kimberly</u>		Middle Name <u>E</u>	Suffix <u></u>
Home Address (NC Residential Address) <u>115 Lewis St</u>				Mailing Address (if different than home address) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-1</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX XX - XX</u>			Voter Registration No. <u></u>		
			Phone (optional) <u></u>		
			Email (optional) <u></u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature of

X

Signature of Near Relative/Legal Guardian (if applicable)

7.10.18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1149 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME RECEIVED
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name MR DANIEL		First Name HUGHLON		Middle Name L	Suffix MR	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 9343 HWY 131				Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City Bladenboro	State N.C	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/						
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X	Signature of Near Relative/Legal Guardian (if applicable) 6-13-18 X
Date	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1150 of 2469

Physical Address
301 S. Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McDaniel</u>		First Name <u>Vivian</u>		Middle Name <u>H</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>9343 Hwy 131</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>23280</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		SSN <u>X X X - X X - [REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address: <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address: <u>[REDACTED]</u>	

Signature of Voter (not required)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

6-11-18

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name McKoy		First Name LEE		Middle Name H	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 6709 Hwy 41 West				Mailing Address (If different than home address.)		
City Elizabethtown		State N.C.	Zip Code 28337	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X				Voter Registration No. [REDACTED]		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City		State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter X	Signature of Near Relative/Legal Guardian (if applicable) X
Date 11-6-18	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>MARVIN</u>		Middle Name <u>L</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>317 Center Road Rd</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>				City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name						
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Address				Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1153 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McLamb</u>		First Name <u>MARGIE</u>		Middle Name <u>L</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>296 Bladenboro Air Port Rd</u>				Mailing Address (If different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u></u> SSN: <u>XXX - XX</u>			Voter Registration No. <u></u>		Phone (optional) <u></u>
			Email (optional) <u></u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address <u></u>		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

6-20-18
DateX
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

TIME _____ RECEIVED
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION

on November 6, 2018

Voter Information

Last Name <u>Wright</u>		First Name <u>Kirby</u>		Middle Name <u>Glenn</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>511 JA Carroll RD</u>				Mailing Address (If different than home address.) <u>511 JA Carroll RD</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>BLADEN</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions)				SSN <u>XXX - XX - [REDACTED]</u>			
NC License or ID Number							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>511 JA Carroll RD</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>5-12-18</u>	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1155 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME RECEIVED BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wilkes</u>		First Name <u>Monica</u>		Middle Name <u>Alissa</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2305 Guyton Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/1</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>[REDACTED]</u> SSN: <u>X X X - X X [REDACTED]</u>			Voter Registration No. Optional <u>[REDACTED]</u>		
			Phone (optional) <u>[REDACTED]</u>		
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

6-12-18
DateX
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wicker</u>	First Name <u>Fasey</u>	Middle Name <u>D</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>3776 Twisted Hickory Rd</u>		Mailing Address (if different than home address.) [REDACTED]		
City <u>Elizabeth Town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX [REDACTED]</u>		Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>6/4/18</u>	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

SEP 21 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

1157 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Ward		First Name Jerry		Middle Name Kent		Suffix JR		Date of Birth [REDACTED]		
Home Address (NC Residential Address) 2824 Twisted Hickory Rd					Mailing Address (if different than home address.) [REDACTED]					
City Elizabethtown		State NC		Zip Code 28337		City		State Zip Code		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					County of Residence Bladen		Previous Name (if applicable)			
If "No," indicate the date of your move: ____/____/____					Voter Registration No. Optional		Phone (optional)		Email (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]										

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2824 Twisted Hickory Rd					City Elizabethtown		State NC		Zip Code 28337	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan										
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No										
If "Yes," what is the name and address of the hospital or facility:										
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:										
Requestor's Name					Requestor's Address					
Requestor's Address					Name of Corporation (if appointed legal guardian)					
City		State		Zip Code		Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature (Voter only) X [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) X [REDACTED]
Date 6-24-18	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

1158 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

RECEIVED BY
BLADEN CO. SO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Ward</u>		First Name <u>Jerry</u>		Middle Name <u>Kent</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>2852 Twisted Hickory Rd</u>				Mailing Address (If different than home address.) <u>2852 Twisted Hickory Rd</u>			
City <u>Elizabethtown</u>		State <u>NC</u>		Zip Code <u>28337</u>		City <u>Etowah</u>	
State <u>NC</u>		Zip Code <u>28337</u>		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional			
NC License or ID Number <u>[REDACTED]</u>		SSN <u>X X X - X X - [REDACTED]</u>		Phone (optional)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2852 Twisted Hickory Rd</u>				City <u>Elizabethtown</u>		State <u>NC</u>		Zip Code <u>28337</u>			
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan											
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
If "Yes," what is the name and address of the hospital or facility:											
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:											
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent							
Requestor's Address				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law							
				<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian							
City				State		Zip Code		Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter

X

Signature of Near Relative/Legal Guardian (if applicable)

6-24-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ward</u>	First Name <u>Brenda</u>	Middle Name <u>LEE</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>2852 Twisted Hickory Rd</u>		Mailing Address (if different than home address.) <u>Elizabethtown</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/18</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>910-874-2252</u>
You must provide at least one identification number below: (or see instructions) NC License or ID Number: <u>XXX - XX - [REDACTED]</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2852 Twisted Hickory Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

SEP 21 2018

TO: 1160 of 2469
BLADEN COUNTY BOARD OF ELECTIONSPhysical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Ward</u>		First Name <u>Andrea</u>		Middle Name <u>Lauren</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>2824 Twisted Hickory Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/18</u>				Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>				Email (optional) <u>[REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2824 Twisted Hickory Rd</u>				City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name <u>Jerry Kent Ward Jr.</u>				<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
Requestor's Address <u>2824 Twisted Hickory Rd</u>				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
City <u>Elizabethtown</u>				Name of Corporation (if appointed legal guardian)			
State <u>NC</u>				Requestor's Phone <u>[REDACTED]</u>			
Zip Code <u>28337</u>				Requestor's Email <u>[REDACTED]</u>			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

6-24-18



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 161 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECD BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tyndall</u>	First Name <u>ELLA</u>	Middle Name <u>R</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>208 WEST WALNUT ST - 6A</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-14-18

X

Date

Date



Exhibit 4.2.3.1.2

1162 of 2469

202

State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Todd

First Name

MARTY

Middle Name

R

Suffix

Date of Birth

Home Address (NC Residential Address.)

485 SASSAFRASA

Mailing Address (If different than home address.)

City

Bladenboro

State

N.C.

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

XXX - XX - XXXX

Voter Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

SAME

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

X 624-18

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

1163 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Thompson</u>		First Name <u>JACK</u>		Middle Name <u>T</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>79 Burney Rd</u>				Mailing Address (if different than home address.) <u></u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u></u>	State <u></u> Zip Code <u></u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX-XXXX</u>				Voter Registration No. <u></u>	Phone (optional) <u></u>
				Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>STATE 395 SAM'S DRIVE</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as: <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u> Requestor's Address <u></u> City <u></u> State <u></u> Zip Code <u></u>				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Name of Corporation (if appointed legal guardian) <u></u>				
Requestor's Phone <u></u>		Requestor's Email <u></u>		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Sykes		First Name MARKVIN		Middle Name G	Suffix	Date of Birth
Home Address (NC Residential Address) 114 midway Drive				Mailing Address (if different than home address.)		
City Bladenboro		State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)		
You must provide at least one identification number below, (or see instructions) NC License or ID Number XXX - XX - [REDACTED]				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 1409		City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	
			Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

9-17-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>SYKES</u>		First Name <u>MAXLON</u>		Middle Name <u>B</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>304 Village ST</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional		Phone (optional)	
					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED]

9/14/2018 X
Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

SEP 21 2018

TIME: 1:00 PM
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1166 of 2469 201

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Storms</u>		First Name <u>Rodney</u>		Middle Name <u>Eugene</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>107 West Poplar Street</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions.) [REDACTED] SSN <u>X X X - X X -</u>				Voter Registration No. OPTIONAL	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>107 West Poplar Street</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Sign <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8/19/18</u>	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

1167 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Stogner</u>	First Name <u>William</u>	Middle Name <u>C</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>304 Midway Drive</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>SSN</u> <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1171</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signa

X

Signature of Near Relative/Legal Guardian (if applicable)

6-10-18

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

SEP 21 2018

BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1168 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Stephens</u>	First Name <u>SHANIA</u>	Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>310 Ronald Britt Rd</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladen</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/1</u>		County of Residence <u>Bladen</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian)		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8/5/16 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

SEP 21 2018
TIME REC'D BY
BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

1169 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Slacks</u>		First Name <u>Jessie</u>		Middle Name <u>Elizabeth</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>6913 NC 242 South</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28520</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				County of Residence <u>Bladen</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] 6-12-18 X
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1170 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Shaw</u>	First Name <u>Sandy</u>	Middle Name <u>LEE</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>2852 Twisted Hickory Rd</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional		
NC License or ID Number <u>XXXXXXXXXX</u>	SSN <u>XXXXXXXXXX</u>	Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2852 Twisted Hickory Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address	
Signature of Near Relative/Legal Guardian (if applicable) <u>[REDACTED]</u>		Date <u>6-24-18</u>	



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	Severine	First Name	Tony	Middle Name	L	Suffix	
Home Address (NC Residential Address)	12031 Hwy 242 S			Mailing Address (if different than home address)			
City	Bladenboro	State	nc	Zip Code	28320	City	
Have you lived at this address for more than 30 days?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1				Bladen			
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)	
NC License or ID Number				SSN		Email (optional)	
X X X - X X							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	SAME			City		State		Zip Code	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.									
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan									
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No									
If "Yes," what is the name and address of the hospital or facility:									
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:									
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent					
				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law					
Requestor's Address				<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
				Name of Corporation (if appointed legal guardian)					
City		State		Zip Code		Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (or Near Relative/Legal Guardian if applicable)	Signature of Near Relative/Legal Guardian (if applicable)
	6-2-18 X
Date	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1172 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sessoms</u>		First Name <u>Rachel</u>		Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>95 SUNSET PARK RD</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below: (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>208 W WALNUT ST</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X [REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X 7-22-18</u>	Date <u>7-22-18</u>
----------------------------------	---	------------------------



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1173 of 2469 20

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECD BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Russ</u>		First Name <u>Joseph</u>		Middle Name <u>E</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>984 Oak Grove Church Rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
X J-6-18
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1174 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202
M9

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Robinson</u>	First Name <u>Kimberly</u>	Middle Name <u>S</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>303 PECAN ST & B</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX-XX-</u> [REDACTED] SSN: [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone: Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-5-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 26 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>PAIT</u>		First Name <u>Chris</u>		Middle Name <u>C</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>587 LYON LANDING Rd</u>				Mailing Address (If different than home address.)		
City <u>Dublin</u>		State <u>NC</u>	Zip Code <u>28332</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 232</u>		City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter <u>X</u> [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>6-26-18 X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1478052469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsba.gov

FAX: 910-862-7820

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>PAIT</u>	First Name <u>Chalmers</u>	Middle Name <u>J</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>30 Holy Britt Court</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1 / 1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
8-8-18 X
Date Date

PRINT RESULTS LIST

VOTER SCAN ABS INCOMPLETE SEARCH RESULTS

Request ID	Name	Address	Batch	Incomplete Reason	Operator	Document Type	Election Date	Incomplete Dt	Filing Number
9-6019	DAVIS, PATRICIA CAIN	103 MINES CREEK RD ST. PAULS, NC 28384	9517	ABS ID NOT PROVIDED	cwilliams	SBE_ABS ST DE	11/06/2018	08/22/2018	201808220100003
9-6023	INMAN, JAMES RUDOLPH	1705 E BROAD ST ELIZABETH TOWN, NC 28337	9517	UNMATCHED ID	cwilliams	SBE_ABS ST DE	11/06/2018	08/22/2018	201808220100007
9-6033	CRAVEN, LISA B	16 LEE ST WHITE LAKE, NC 28337	9517	NO RECORD OF REGISTRATION	cwilliams	SBE_ABS ST DE	11/06/2018	08/22/2018	201808220100017
9-6052	HENDRIX, KELLY N	1568 TAR HEEL RD TAR HEEL, NC 28392	9518	UNMATCHED ID	cwilliams	SBE_ABS ST DE	11/06/2018	08/22/2018	201808220110016
9-6063	HEDGEPEETH, SARAH CAIN	213 OLD NC 20 RD ST. PAULS, NC 28384	9518	UNMATCHED ID	cwilliams	SBE_ABS ST DE	11/06/2018	08/22/2018	201808220110027
9-6070	BRITT, WANDA LEE	145 ED SESSOMS RD CLARKTON, NC 28433	9519	UNMATCHED ID	cwilliams	SBE_ABS ST DE	11/06/2018	08/23/2018	201808220120004
9-6113	RHEW, ROBERT L	44 WOMACK WAY WHITE LAKE, NC 28337	9520	INVALID/INCOMPLETE REQUEST: DOB AND MAILING ADDRESS NOT MATCHING	cwilliams	SBE_ABS ST DE	11/06/2018	08/23/2018	201808230010017
9-6127	WILSON, FRANCES CRAIG	13337 NC 87 HWY W TAR HEEL, NC 28392	9520	NO RECORD OF REGISTRATION	cwilliams	SBE_ABS ST DE	11/06/2018	08/23/2018	201808230010031
9-6211	LLOYD, KAREN	204 WRIGHT ST # 34E ELIZABETH TOWN, NC 28337	9527	NO RECORD OF REGISTRATION	cwilliams	SBE_ABS ST DE	11/06/2018	08/24/2018	201808240030004
9-6212	SINGLELAH, TIERRA C	204 WRIGHT ST # 29 ELIZABETH TOWN, NC 28337	9527	NO RECORD OF REGISTRATION	cwilliams	SBE_ABS ST DE	11/06/2018	08/24/2018	201808240030005
9-6224	MCDOWELL, RUTH HELEN	377 BROWNS CREEK CHURCH RD ELIZABETH TOWN, NC 28337	9527	INVALID/INCOMPLETE REQUEST: NOT VALID ADDRESS	cwilliams	SBE_ABS ST DE	11/06/2018	08/24/2018	201808240030017
9-6225	MCDOWELL, MARY ELLEN	615 BROWNS CREEK CHURCH RD ELIZABETH TOWN, NC 28337	9527	ID UPDATE INVALID	cwilliams	SBE_ABS ST DE	11/06/2018	08/24/2018	201808240030018
9-6232	FREDERICK, JUDY ANN	420 E MCKAY ST # 2D ELIZABETH TOWN, NC 28337	9527	UNMATCHED ID	cwilliams	SBE_ABS ST DE	11/06/2018	08/24/2018	201808240030025
9-6263	HENRY, KIMBERLY TANEE	204 WRIGHT ST # 16C ELIZABETH TOWN, NC 28337	9528	UNMATCHED ID	cwilliams	SBE_ABS ST DE	11/06/2018	08/24/2018	201808240040025

Total Records in report: 14

Scan Date	Batch Number	Source Code	Batch ID
2018-09-12 10:04AM	3	17	9592

Scan Date/Time: 2018-09-12 10:04AM

Batch Number: 3

Batch Size: 11

Source Code: 17

Batch ID: 9592

Operator: cwilliams

Authar Owens

9/12/2018

clw

Parted



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1181 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Murcison</u>		First Name <u>TYRONE</u>		Middle Name <u>L</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>1607 MLK DR.</u>				Mailing Address (if different than home address.) <u>SAME</u>	
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>SAME</u>	State <u>SAME</u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>			Voter Registration No. Optional <u></u>		
			Phone (optional) <u></u>		Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1607 MLK DR.</u>		City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <u></u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address: <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Voter <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8-18-2018 X</u>
Date <u></u>	Date <u></u>



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McNILL</u>	First Name <u>Kim</u>	Middle Name <u>L</u>	Suffix <u></u>
Home Address (NC Residential Address): <u>620 McLEOD ST APT. 12B</u>		Mailing Address (If different than home address): <u>SAME</u>	
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>SAME</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	Previous Name (if applicable) <u></u>
If "No," indicate the date of your move: <u>1-1</u>		Voter Registration No. <u></u>	Phone (optional) <u></u>
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Optional	Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): <u>620 McLEOD ST. APT. 12-B</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u>				
Requestor's Address <u></u>				
City <u></u>				
State <u></u>				
Zip Code <u></u>				
Requestor's Phone <u></u>				
Requestor's Email <u></u>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas):

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name WATERS	First Name JOHN	Middle Name	Suffix
Home Address (NC Residential Address.) 1109 WILLIAMS ST,		Mailing Address (if different than home address.) SAME	
City ELIZABETHTOWN	State NC	Zip Code 28337	City SAME
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		State NC	Zip Code 28337
If "No," indicate the date of your move: 1/1/		County of Residence BLADEN	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX -		SSN XXX - XX -	Voter Registration No. Optional
		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter

X

Signature of Near Relative/Legal Guardian (if applicable)

X

8/2/18

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1184 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Date

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name BARNWELL		First Name CARNELL		Middle Name	Suffix
Home Address (NC Residential Address.) 312 MCKOY ST				Mailing Address (If different than home address.) P.O. Box 1524	
City ELIZABETHTOWN	State N.C.	Zip Code 28337	City ELIZABETHTOWN	State N.C.	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: 1-1-			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX -			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 1524		City ELIZABETHTOWN	State N.C.	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

7-30-18X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
1185 OF 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>SHERIDAN</u>	First Name <u>MAEOIA</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1411 MLK DR.</u>		Mailing Address (if different than home address.) <u>1411 MLK DR.</u>		
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)	Email (optional)
NC License or ID Number	SSN <u>XXX - XX - [REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1411 MLK DR.</u>		City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-26-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1186 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name TOWSEND		First Name DOROTHY		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 420 MEKAY ST OAK ESTATE APT 7D E. town, N.C. 28337				Mailing Address (if different than home address.) P.O. Box 1482		
City ELIZABETHTOWN		State N.C.	Zip Code 28337	City ELIZABETHTOWN	State N.C.	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN		
If "No," indicate the date of your move: 1-1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 1482		City ELIZABETHTOWN	State N.C.	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	
			Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign X	Signature of Near Relative/Legal Guardian (if applicable) 7-26-18 X
	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1187 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Corbett		First Name James		Middle Name Lloyd	Suffix	Date of Birth
Home Address (NC Residential Address.) 706 MLK Drive				Mailing Address (If different than home address.) P.O. Box 92		
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1-1						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional)	
NC License or ID Number ISSN XXX - XX					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 92		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X	Signature of Near Relative/Legal Guardian (if applicable) X Anaida Jacob
Date	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1188 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name LEACH	First Name EVA	Middle Name M	Suffix [REDACTED]
Home Address (NC Residential Address.) 1605 MLK DRIVE		Mailing Address (If different than home address.) 1605 MLK DRIVE	
City ELIZABETHTOWN	State N.C.	Zip Code 28337	City ELIZABETHTOWN
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN County	Previous Name (if applicable)
If "No," indicate the date of your move: 1-1-1			
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)
NC License or ID Number XXX - XX - [REDACTED]			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1605 MLK DRIVE		City ELIZABETHTOWN	State N.C.	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKoy</u>	First Name <u>Thalia</u>	Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>440 BLANKS STREET</u>		Mailing Address (If different than home address.) <u>P.O. Box 2875</u>		
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen County</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable) <u>Thalia McKoy</u>		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)	Email (optional)
NC License or ID Number <u>XXXXXXXXXX</u>			<u>910 8624826</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 2875</u>		City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sign

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
1190 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>	First Name <u>Carolyn McKoy</u>	Middle Name <u>—</u>	Suffix <u>—</u>
Home Address (NC Residential Address.) <u>100 BLANK STREET</u>		Mailing Address (if different than home address.) <u>PO. BOX 2875 ELIZABETHTOWN</u>	
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen County</u>	
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable) <u>Carolyn McKoy</u>	
You must provide at least one identification number below. (or see instructions)		Voter Registration No. <u>29453972</u>	Phone (optional) <u>862-4526</u>
NC License or ID Number <u>—</u>	SSN <u>XXX - XX - XXX</u>	Email (optional) <u>—</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO. BOX 2875</u>		City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>—</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>—</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>—</u>		Name of Corporation (if appointed legal guardian) <u>—</u>		
City <u>—</u>	State <u>—</u>	Zip Code <u>—</u>	Requestor's Phone <u>—</u>	Requestor's Email <u>—</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
—

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ EmailFax Number or Email Address
—

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
1191 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Pharr</u>		First Name <u>Elizabeth</u>		Middle Name <u>Patricia</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1007 MLK Blvd</u>				Mailing Address (if different than home address.) <u>same</u>		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>SAME</u>		State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>				County of Residence <u>BLADEN</u>		Previous Name (if applicable)
You must provide at least one identification number below: (or see instructions) NC License or ID Number <u>XXX - XX</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1007 MLK BLVD</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-08-24 3:09PM	6	17	9530

Exhibit 4 2 3 1 2

Batch 1020 of 2469

Scan Date/Time: 2018-08-24 3:09PM
Batch Number: 6
Batch Size: 25
Source Code: 17
Batch ID: 9530
Operator: cwilliams

Lola Wooten



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsb.e.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>David</u>		Middle Name <u>Jr.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>404 Quail St</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] X
Date 7/20/18



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1194 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wicks</u>		First Name <u>Paulette</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd Apt 4</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. Optional		Phone (optional)	Email (optional)
SSN <u>X X X - X X</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sig [Signature] Signature of Near Relative/Legal Guardian (if applicable)
Date 7-13-18 X Date _____



State Absentee Ballot Request Form
North Carolina

RECEIVED
AUG 17 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1195-012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Maultsby</u>	First Name <u>Clara</u>	Middle Name	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>305 Swazy Bridge Way APT #03</u>		Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
X 7-29-18 X
Date Date



AUG 17 2018

Exhibit 4.2.3.1.2
TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

28337

Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov1196 of 2469
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McAllister</u>		First Name <u>Bobby</u>		Middle Name <u>Wayne</u>	Suffix <u></u>	Date of birth <u></u>
Home Address (NC Residential Address.) <u>44 George Kelly Rd</u>				Mailing Address (If different than home address.) <u>P.O. Box 821</u>		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable) <u></u>	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional <u></u>		Phone (optional) <u></u>	Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (If appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Voter <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-13-18</u>	Date <u></u>



AUG 17 2018

Exhibit 4.2.3.1.2

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

28337

Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov1197 of 2469
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dragan</u>		First Name <u>Lukendha</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>38 George W. Kelly</u>				Mailing Address (if different than home address.) <u>P.O. Box 154</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-18-18

Date

X

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Nimmmons</u>	First Name <u>Nicole</u>	Middle Name <u>marie</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>10898 S College St Apt 42</u>		Mailing Address (If different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see NC License or ID Number)			Voter Registration No. Optional	
SSN <u>X X X - X X</u>			Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Sig <u>[Signature]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>7-7-18 X</u>
Date	Date



AUG 17 2018 Exhibit 4.2.3.1.2

28337

Elizabethtown

1199 of 2469

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Pridgen</u>		First Name <u>Thomastina</u>		Middle Name <u>C</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>10759 St College St APT 2C</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>N</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>			County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>SSN</u> <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address: <u>[REDACTED]</u>	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18X

Date

Date



State Absentee Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1200 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Johnson</u>		First Name <u>Jeremy</u>		Middle Name <u>O</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>4689 Bookertuckershtn</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

<u>[REDACTED]</u> Date <u>7-29-18</u>	<u>X</u> Date
---	------------------



State Absentee Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. SO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1201 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Date:

Voter Information

Last Name <u>Smith</u>		First Name <u>Tammorah</u>		Middle Name <u>T</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>107 Princess LN</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		
NC License or ID Number		SSN	Phone (optional)			
<u>XXX - XX</u>		<u>XXXX</u>	Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>7-7-18</u> <u>X</u>	Date
------------------	---	------



North Carolina

AUG 17 2018 Exhibit 4.2.3.1.2

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONSElizabethtown, NC
28337PHONE: 910-862-6951
bladen.boe@ncsbe.govMailing Address
PO Box 512
1202-062469

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Branch		First Name Jessica		Middle Name A	Suffix	Date of Birth
Home Address (NC Residential Address.) 33 Harrelson RP				Mailing Address (If different than home address.)		
City Elizabethtown		State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X				Voter Registration No. 000000	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-12-18

Date

X

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Beliff		First Name Shalanta		Middle Name M	Suffix
Home Address (NC Residential Address.) 813 Moultrie Lane				Mailing Address (if different than home address.)	
City Elizabeth	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature X	Signature of Near Relative/Legal Guardian (if applicable) X
Date 7-13-18	Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY:
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Murchison</u>		First Name <u>Saqvan</u>		Middle Name <u>S</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>Elizabethtown Collins Pls</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1/1/18</u>		You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>	
				Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <u>[REDACTED]</u> Requestor's Address: <u>[REDACTED]</u> City: <u>[REDACTED]</u> State: <u>[REDACTED]</u> Zip Code: <u>[REDACTED]</u> Requestor's Phone: <u>[REDACTED]</u> Requestor's Email: <u>[REDACTED]</u>				
Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] 7-13-18 X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1205 of 2469
Physical Address: 301 S Cypress St
Elizabethtown NC 28337
Mailing Address: PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Simpson</u>		First Name <u>LAVON</u>		Middle Name <u>S</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd Apt 2 H</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>X X X - X X</u> <u>[REDACTED]</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-15-18</u>	Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1206-012469

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY: BLADEN CO. BOE OF ELECTIONS
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Hall</u>		First Name <u>Vanessa</u>		Middle Name <u>Denise</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>803 Williams Street</u>				Mailing Address (if different than home address.) <u>372 Browns Creek Church Rd</u>			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1-1</u>				Voter Registration No. Optional		Phone (optional) <u>910-374-2776</u>	Email (optional) <u>vdhall59@gmail.com</u>
You must provide at least one identification number below. (or see instructions) SSN <u>X X X - X X -</u>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>372 Browns Creek Church Rd</u>		City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	
				Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

7-15-18

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1207 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Shipman</u>		First Name <u>Emma</u>		Middle Name <u>Lee</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>196 Burden Rd.</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXX-XX</u> SSN: <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Sig [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
7-19-18 X
Date _____ Date _____



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1208 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith-Rich</u>		First Name <u>Caroline</u>		Middle Name <u>Lynette</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>204 Wright St. Apt. #A5</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX X - XX - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature [REDACTED] Signature of Near Relative/Legal Guardian (if applicable) X
Date 7/20/18 Date _____



State Absentee Ballot Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1209 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>White</u>		First Name <u>Nyaisha</u>		Middle Name <u>J</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>99 marit dr</u>				Mailing Address (if different than home address.) <u></u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>			Voter Registration No. (Optional) <u></u>		
			Phone (optional) <u></u>		Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
X

8-30-18
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1210 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Matthews</u>	First Name <u>Kayvan</u>	Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>229 Blue Moon DR</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
27/18/18 X
Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Drayton</u>	First Name <u>Destane</u>	Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>507 Martin St</u>		Mailing Address (If different than home address):		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX-</u> [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas):	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

8-18-18
Date

Date



State Absentee Request Form

North Carolina

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1212 OF 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Singleton</u>		First Name <u>Gloria</u>		Middle Name <u>Ann</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>510 Mercer mill Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Voter Registration No. (Optional)		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No.				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-13-18 X

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1213 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKiver</u>		First Name <u>Jaxon</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>658 Avenue ave</u>				Mailing Address (if different than home address.)		
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NCLicense or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-19-18

X

Date

Date



State Absentee Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1214 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hall</u>		First Name <u>Sasmine</u>		Middle Name <u>D.</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>703 South Hill St.</u>				Mailing Address (If different than home address.) <u>P.O. Box 1684</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>			Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX -</u>			Voter Registration No. <u>Optional</u>		Phone (optional)	
					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign X 7-19-18 X
Date
Signature of Near Relative/Legal Guardian (if applicable)



State Absentee Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1215 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>	First Name <u>Pearlie</u>	Middle Name <u>M</u>	Suffix <u></u>
Home Address (NC Residential Address) <u>218 Burden Rd</u>		Mailing Address (if different than home address.) <u></u>	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u></u>
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. <u></u>	Phone (optional) <u></u>
You must provide at least one identification number below. (or see instructions) SSN <u>XXX - XX - XXXX</u>		Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>	City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u></u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>	
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>
		Requestor's Email <u></u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature X Signature of Near Relative/Legal Guardian (if applicable)
Date 7/19/18 Date X



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

406 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1216 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Drake</u>		First Name <u>Dapha</u>		Middle Name <u>Monique</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>204 Wright St. Apt 13B</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter X 7/18/18 Date
Signature of Near Relative/Legal Guardian (if applicable) X _____ Date



State Absentee Ballot Form

North Carolina

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1217 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MURCHISON</u>		First Name <u>Keigvan A</u>		Middle Name <u>Markeea</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>911 Chickenfoot Rd</u>				Mailing Address (if different than home address.)		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX - XX - [REDACTED]</u> SSN: <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name:		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X Date 7-15-18 Signature of Near Relative/Legal Guardian (if applicable) X Date _____

Scan Date	Batch Number	Source Code	Exhibit Code	1219 of 2469
2018-08-24 1:25PM	4	17		Batch ID
				9528

Scan Date/Time: 2018-08-24 1:25PM
Batch Number: 4
Batch Size: 40
Source Code: 17
Batch ID: 9528
Operator: cwilliams

Lola Wooten



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1220 672469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
Elizabethtown.PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name: <u>Rogers</u>		First Name: <u>Cornelia</u>		Middle Name: <u>S</u>	Suffix: _____	Date of Birth: <u>[REDACTED]</u>
Home Address (NC Residential Address): <u>1213 Cotton St</u>				Mailing Address (If different than home address): <u>P.O. Box 11606</u>		
City: <u>Elizabethtown</u>	State: <u>XX</u>	Zip Code: <u>28337</u>	City: <u>Elizabethtown</u>	State: <u>NC</u>	Zip Code: <u>28337</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence: <u>Bladen</u>		Previous Name (if applicable): _____	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No. Optional: _____		Phone (optional): <u>910 872 3374</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX - [REDACTED]</u>			Email (optional): _____			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):			City: _____	State: _____	Zip Code: _____
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian): _____			
City: _____	State: _____	Zip Code: _____	Requestor's Phone: _____	Requestor's Email: _____	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.): _____		Fax Number or Email Address: _____	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD 1221 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Ballard</u>		First Name <u>Benjamin</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>504 Quail St</u>				Mailing Address (If different than home address.)		
City <u>504 Quail St Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>						
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional	Phone (optional)	Email (optional)
NC License or ID Number		SSN <u>XXX - XX -</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Leach</u>		First Name <u>Dasia</u>		Middle Name <u>Shante</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>10898 South College St, Apt. 44</u>				Mailing Address (If different than home address.)			
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX</u>				SSN <u>XXXXXXXX</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Si

Signature of Near Relative/Legal Guardian (if applicable)

8-18-18

X

Date

Date



State Absentee Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1223 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Crumby</u>	First Name <u>Idonda</u>	Middle Name <u>Latrice</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1209 McLean St</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional		
NC License or ID Number <u>XXX-XX-</u>	SSN <u>[REDACTED]</u>	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-18-18

X

Date

Date



RECEIVED

Exhibit 4.2.3.1.2

AUG 17 2018

Elizabethtown NC
28337

PO Box 512

1224 OF 2469

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Elizabeth</u>		Middle Name <u>H</u>	Suffix
Home Address (NC Residential Address.) <u>10759 St College St APT 1G</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Address				Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

9-18-18

Date

X

Date



RECEIVED
Exhibit 4.2.3.1.2
AUG 17 2018

28337 Elizabethtown
1225 of 2469
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

TIME REC'D BY
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hill</u>		First Name <u>Elizabeth</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>10759 St College APT 2F</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1-</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX -</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas:)		Fax Number or Email Address:	

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
<u>8-11-18</u> Date	<u>X</u> Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1226 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Brown		First Name Shantese		Middle Name Nicole		Suffix	
Home Address (NC Residential Address): 162 McAdams Dr				Mailing Address (If different than home address): P.O. Box 1437			
City Elizabethtown		State NC	Zip Code 28337	City Elizabethtown		State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: / /							
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		Phone (optional)	
NC License or ID Number		SSN				Email (optional)	
X X X - X X		[REDACTED]					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
		Name of Corporation (If appointed legal guardian)				
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD 1227 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name: <u>McKoy</u>		First Name: <u>Teresa</u>		Middle Name: <u>J.</u>	Suffix:	Date of Birth:
Home Address (NC Residential Address): <u>132 Blue moon DR.</u>				Mailing Address (if different than home address.):		
City: <u>Elizabethtown</u>		State: <u>NC</u>	Zip Code: <u>28337</u>	City:	State:	Zip Code:
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence: <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable):		
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		
NC License or ID Number SSN: <u>XXX - XX -</u>				Phone (optional):		
				Email (optional):		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):		City:	State:	Zip Code:
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name:		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address:		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian):		
City:	State:	Zip Code:	Requestor's Phone:	Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

8-3-18

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Dewange</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address): <u>706 Richardson St</u>				Mailing Address (if different than home address): <u>P.O. Box 553</u>		
City <u>Elizabethtown</u>	State <u>nc</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>nc</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18
Date

X
Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY:
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 229-012469

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Montgomery</u>	First Name <u>Datesha</u>	Middle Name <u>D</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>390 Twisted Hickory Rd Apt 13</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) X [REDACTED] Date 8-8-18
Signature of Near Relative/Legal Guardian (if applicable) X Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Richardson		First Name Frederick		Middle Name Montrell	Suffix	Date of Birth
Home Address (NC Residential Address) 210 Council & Richardson Dr				Mailing Address (If different than home address.)		
City Tar Heel		State NC	Zip Code 28382	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		
NC License or ID Number [REDACTED]				Phone (optional)		
SSN XXX - XX - [REDACTED]				Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1231 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Clemmons</u>		First Name <u>Walia</u>		Middle Name <u>L</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>229 BLUEMOON</u>				Mailing Address (If different than home address.) <u>P.O. Box 1524</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX -</u>			Voter Registration No. <u>Optional</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>				City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility: <u></u>						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>				
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>		Requestor's Email <u></u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



AUG 17 2018 Exhibit 4.2.3.1.2

28337

Elizabethtown
1232 of 2469
FAX: 910-862-7820PHONE: 910-862-6951
bladen.boe@ncsbe.govTIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Grubbs</u>		First Name <u>Ledeli</u>		Middle Name	Suffix <u>Sr</u>	Date of Birth
Home Address (NC Residential Address.) <u>2188 Hwy 751A</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>		City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter <u>[Redacted]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X [Signature]</u>
Date <u>8-10-18</u>	Date



State Absentee Ballot Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Smith</u>	First Name <u>Jamika</u>	Middle Name <u>Hope</u>	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>1103 Peanut plant Rd.</u>		Mailing Address (If different than home address.) <u>P.O. Box 427</u>			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>			Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

8-6-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1234 012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Richardson</u>		First Name <u>Shirley</u>		Middle Name <u>Regina</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>210 Council-Richardson Dr.</u>				Mailing Address (if different than home address.)		
City <u>Tar Heel</u>		State <u>N.C.</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions). NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Democratic</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

7-18-18

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1235 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Richardson</u>		First Name <u>Frederick</u>		Middle Name <u>LEON</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>216 Council-Richardson DR.</u>				Mailing Address (If different than home address.)		
City <u>TAR Heel</u>		State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence: <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		
NC License or ID Number [REDACTED]		SSN <u>XXX - XX - [REDACTED]</u>		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: _____ Requestor's Address: _____ City: _____ State: _____ Zip Code: _____ Requestor's Phone: _____ Requestor's Email: _____				
Name of Corporation (If appointed legal guardian)				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature [REDACTED] X
Date 7-18-18
Signature of Near Relative/Legal Guardian (if applicable) X
Date _____



State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Selena</u>		Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1209 ML King Dr</u>				Mailing Address (if different than home address.) [REDACTED]		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX-</u> [REDACTED]				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

X

8-3-18

X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1237 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Chipman		First Name Shenita		Middle Name Annette	Suffix	Date of Birth
Home Address (NC Residential Address) 1105 Martin Luther King Jr				Mailing Address (if different than home address.)		
City Elizabethtown	State NC	Zip-Code 28337	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1			Voter Registration No. Optional		Phone (optional) 717 7225	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN XXX - XX -			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name Requestor's Address City State Zip Code Requestor's Phone Requestor's Email				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Name of Corporation (if appointed legal guardian)				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) X
Date 8-13-18
Signature of Near Relative/Legal Guardian (if applicable) X
Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1238 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Lewis

First Name

Janice

Middle Name

KL

Suffix

Home Address (NC Residential Address.)

21 Blue Moon Dr.

Mailing Address (If different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1/

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

City

State

Zip Code

Name of Corporation (If appointed legal guardian)

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

8-18-18 X

Date



State Absentee Ballot Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1239 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Gill		First Name James		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address) 205 E Gill				Mailing Address (if different than home address.) P.O. Box 2652		
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see Instructions) NC License or ID Number SSN X X X - X X - [REDACTED]			Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-1-18

Date

X

Date



11/6 17 2018 Exhibit 4.2.3.1.2

Elizabethtown NC
28337

PO Box 512

Elizabethtown
1240 of 2469

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name HENRY		First Name Pamela		Middle Name V	Suffix	Date of Birth
Home Address (NC Residential Address.) 282 McAdam Drive ETON				Mailing Address (If different than home address.) P.O. BOX 2742 ETON NC 28337		
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXXXXXXX - XX				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. DD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1241 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Date

Voter Information

Election Type (Primary, General, Municipal, Special, etc.)

Last Name Cramb		First Name Crystal		Middle Name Laven	Suffix	Date of Birth
Home Address (NC Residential Address.) 62 McAdams Dr				Mailing Address (if different than home address.) 1105 Able St		
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1-1						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional)	
NC License or ID Number X X X - X X			SSN [REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North CarolinaTIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Cromartie		First Name Leo		Middle Name Thomas		Suffix	Date of Birth
Home Address (NC Residential Address) 78 Pompe Rd.				Mailing Address (If different than home address.) PO Box 602			
City Elizabethtown		State NC	Zip Code 28337	City Dublin		State NC	Zip Code 28332
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1							
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX -				Voter Registration No. XXXX		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address:	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Moultrie</u>		First Name <u>Keith</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>810 James St</u>				Mailing Address (if different than home address.) <u>P.O. Box 1002</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>			County of Residence <u>Bladen</u>	Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX X - XX -</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1002</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

X
Date 8-19-30

Signature of Near Relative/Legal Guardian (if applicable)

X
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1244 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Henny</u>		First Name <u>Kimberly</u>		Middle Name <u>Lanee</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>204 Wright Street Apt 16C</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No. <u>Optional</u>		
NC License or ID Number <u>XXX - XX</u>		SSN <u>XXXX - XX</u>	Phone (optional)			
			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
		Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	Requestor's Phone
				Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sig

Signature of Near Relative/Legal Guardian (if applicable)

7-11-18

Date

X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1245 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Cromartie

First Name

Bernadette

Middle Name

Wooten

Suffix

Home Address (NC Residential Address.)

78 Pompe Rd.

Mailing Address (If different than home address.)

PO Box 602

City

Elizabethtown

State

NC

Zip Code

28337

City

Dublin, NC

State

NC

Zip Code

28332

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1-1-

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

Official

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as ~~Unaffiliated~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



RECEIVED

AUG 17 2018 Exhibit 4.2.3.1.2

28337

Elizabethtown

1246 of 2469

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>	First Name <u>Nakkia</u>	Middle Name <u>Chanell</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>21 Blue Moon Dr</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>NCL</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXX - XX</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) _____
		Email (optional) _____	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8-30-18</u>	Date _____



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1247 of 2469

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Courney</u>	First Name <u>Timothy</u>	Middle Name <u>Eugene</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>12437 Hwy 87 west</u>		Mailing Address (if different than home address.)		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1-</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number		Voter Registration No. C0000001	Phone (optional)	Email (optional)
SSN <u>X X X - X X -</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
Requestor's Address	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
				<input type="checkbox"/> father-in-law
City	State	Zip Code	Name of Corporation (if appointed legal guardian)	
			Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
8-30-18 X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1248 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Brown</u>	First Name <u>Joi</u>	Middle Name <u>Cassandra</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>356 Happy Valley Rd</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-16-18

X

Date

Date



State Absentee Request Form

North Carolina

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1249 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name <u>Shaw</u>		First Name <u>Chantel</u>		Middle Name <u>Angel</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>204 Wright Street Unit A1</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/1</u>				County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	

Signature of Voter <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-30-18</u>	Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Ballard</u>		First Name <u>James</u>		Middle Name <u>E</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>208 Shawn Hill</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - XXXX</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

Date



AUG 17 2018
Exhibit 4.2.3.1.2

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Elizabethtown NC
28337

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

Mailing Address
PO Box 512
1254 Elizabethtown

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Pridgen		First Name Clifton		Middle Name	Suffix
Home Address (NC Residential Address.) 10759 St College St Apt 2K				Mailing Address (If different than home address.)	
City Clarkton		State NC	Zip Code 28433	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: 1-1				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) [Redacted] SSN: X X X - X X - [] [] []				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

8-18-18

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Campbell</u>		First Name <u>Sylvester</u>		Middle Name <u>M</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>401 Quail St</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



North Carolina

AUG 17 2018 Exhibit 4.2.3.1.2

Elizabethtown NC
28337PO Box 512
Elizabethtown
1253 of 2469PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Whitfield</u>		First Name <u>Charles</u>		Middle Name <u>T</u>	Suffix <u></u>
Home Address (NC Residential Address) <u>10759 St College St APT 1 E</u>				Mailing Address (if different than home address.) <u></u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX X - XX -</u>			Voter Registration No. Optional <u></u>		
			Phone (optional) <u></u>		Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

XX

Date

Date



Exhibit 4.2.3.1.2

State Absentee **RECEIVED** Ballot Form
North Carolina

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Robinson		First Name Arnita		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 401 Swaney Rdige APT-101				Mailing Address (If different than home address.)		
City Elizabethtown		State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC license or ID Number X X X - X X - [REDACTED]				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18 X

Date

Date



North Carolina

RECEIVED

AUG 17 2018 4.2.3.1.2

Elizabeth City, NC
28537PO Box 512
Elizabeth City, NC
28537PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McAllister</u>		First Name <u>Gayle</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>44 George Kelly Rd</u>				Mailing Address (If different than home address.) <u>PO Box 821</u>		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> / / </u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional		Phone (optional)	
					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-13-18

Date

X

Date



North Carolina

AUG 17 2018 EXHIBIT 4.2.3.1.2

Elizabethtown, NC
28337PO Box 512
Elizabethtown, NC
22601-2469PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MFAHester</u>		First Name <u>Cassandra</u>		Middle Name <u>Denise</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address) <u>PO Box 821 44 George Kelly Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 821</u>		City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign <u>X</u>	<u>7-13-18</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>	<u></u>
	Date		Date



North Carolina

AUG 17 2018

Exhibit 4.2.3.1.2

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONSElizabethtown NC
28337PHONE: 910-862-6951
bladen.boe@ncsbe.govPO Box 512
Elizabethtown
28337

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Powell</u>	First Name <u>James</u>	Middle Name <u>M</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>10759 S. College Street Apt 2G</u>		Mailing Address (If different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-13-18</u>	Date



AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Exhibit 4.2.3.1.2

28337

Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov1258 of 2469
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Weldon</u>		First Name <u>Shirley</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>10759 College St Apt 1-A</u>				Mailing Address (if different than home address.)		
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX XX - XX XX -</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-13-18</u>	Date



State Absentee Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1259 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Rogers		First Name Angeline		Middle Name G	Suffix
Home Address (NC Residential Address) 911 MLK DR				Mailing Address (if different than home address) P.O. Box 1597	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X -			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 1597		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-08-24 10:06AM	3	17	9527

Scan Date/Time: 2018-08-24 10:06AM

Batch Number: 3

Batch Size: 31

Source Code: 17

Batch ID: 9527

Operator: cwilliams

Lola Wooten



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 24 2018

TO: Bladen County Board of Elections

Physical Address
301 S. Cypress Street
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

Tues Nov 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Dellinger</u>	First Name <u>Allison</u>	Middle Name <u>Dumas</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>1394 Baytree Dr.</u>		Mailing Address (if different than home address.) <u>1205 S. Main St.</u>	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City <u>Blacksburg</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u></u>
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC Identification Number: <u>XXXXXXXX-XX-XXXX</u>		Voter Registration No. <u></u>	Phone (optional) <u></u>
		Email (optional) <u>allid94@vt.edu</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1205 S. Main St.</u>		City <u>Blacksburg</u>	State <u>VA</u>	Zip Code <u>24060</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <u></u> Requestor's Address: <u></u> City: <u></u> State: <u></u> Zip Code: <u></u> Requestor's Phone: <u></u> Requestor's Email: <u></u>				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Name of Corporation (if appointed legal guardian) <u></u>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address: <u></u>

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

08/23/18

Date

X

Date



State Absentee Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1265 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Monica</u>		Middle Name <u>R.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>304 Quail St</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>L</u>	State <u>L</u>	Zip Code <u>L</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX</u> SSN: <u>[REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
7/20/18 X
Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 264-2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Norman</u>		First Name <u>William</u>		Middle Name <u>L</u>	Suffix
Home Address (NC Residential Address.) <u>204 Wrights St Apt 13</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional	Phone (optional) Email (optional)
NC License or ID Number <u>XXX - XX -</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-7-18</u>	Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
Physical Address 1265 of 2469
301 S Cypress St
Elizabethtown NC
28337
Mailing Address
PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lloyd</u>	First Name <u>Karen</u>	Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address): <u>204 Wright St. Apt. 34E</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u> <u>[REDACTED]</u> <u>7-7-18</u> Date	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> Date
---	---



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina
RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1266 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smaleton</u>		First Name <u>Tierra</u>		Middle Name <u>C</u>	Suffix <u>MS</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>204 Wright Street APT 29</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>				County of Residence <u>Baden</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX - [REDACTED]</u>				Voter Registration No. [REDACTED]		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

07/17/18 X
Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1267-672469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Hutny</u>	First Name <u>Amble</u>	Middle Name <u>Shala</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2204 Wright St Apt 8</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>E-Town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>E-</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)
NC License or ID Number <u>XXX - XX</u>	SSN <u>[REDACTED]</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-11-18

Date

X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1268 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Lloyd		First Name Octavian		Middle Name Amant	Suffix
Home Address (NC Residential Address) 204 Wright St. Apt. 34E				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: / /			County of Residence Bladen	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN XXX - XX - [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

7/18/18
Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1269 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name Griffin		First Name Varonice		Middle Name Ticelee Emma	Suffix
Home Address (NC Residential Address): 201 Wright St apt D25 City: Elizabethtown State: NC Zip Code: 28337				Mailing Address (if different than home address):	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: 1/1/				County of Residence Bladen	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN XXX - XX -		Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: Requestor's Address: City: State: Zip Code: Requestor's Phone: Requestor's Email:				
Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	
Current Address (Address where you are currently stationed or living overseas.):			

Signature of Near Relative/Legal Guardian (if applicable) X Date: 8-11-18	Signature X Date
---	------------------------



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1270-612469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Rouse</u>		First Name <u>Randrecus</u>		Middle Name <u>Montelle</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>204 Wright St. Apt 11B</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u> [REDACTED] Date <u>7-20-18</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> [REDACTED] Date
--	---



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1271-012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKiver</u>		First Name <u>Ashley</u>		Middle Name <u>Sade</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>204 Waight St Apt #27</u>				Mailing Address (if different than home address.) <u>same</u>		
City <u>Elizabethtown</u>	State <u>N.C</u>	Zip Code <u>28337</u>	City <u>same</u>	State <u>same</u>	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>			Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			SSN <u>[REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>204 Waight St Apt #27</u>		City <u>Elizabethtown</u>	State <u>N.C</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-20-18</u>	Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1272 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Washington</u>		First Name <u>Shumeeeka</u>		Middle Name <u>Yvonne</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>204 Wright St Apt 11</u>			Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
			Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
<u>7-20-18</u> Date	<u> </u> Date



State Absentee Ballot Form
North Carolina

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1273 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Gillispie</u>		First Name <u>Dollie</u>		Middle Name <u>JEAN</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>372 BROWNS CREEK RD.</u>				Mailing Address (if different than home address.) <u></u>	
City <u>ELIZABETHTOWN</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u> Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1-1</u>				Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX - [REDACTED]</u>				Voter Registration No. Optional <u></u>	Phone (optional) <u></u> Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>7-2018 X</u>
Date <u></u>	Date <u></u>



State Absentee Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. DD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1274 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>	First Name <u>Joey</u>	Middle Name <u>Lee</u>	Suffix <u>Jr</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>320 Browns Creek Church Rd</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1275 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Monroe</u>		First Name <u>Alexis</u>		Middle Name <u>C</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>204 wright street Apt 9B</u>				Mailing Address (If different than home address.) <u></u>	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u> Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>				Voter Registration No. Optional <u></u>	Phone (optional) <u></u>
				Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as: <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u> Requestor's Address <u></u> City <u></u> State <u></u> Zip Code <u></u>				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Name of Corporation (If appointed legal guardian) <u></u>		Requestor's Phone <u></u>		
		Requestor's Email <u></u>		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Near Relative/Legal Guardian (if applicable)
X
Date
7-11-18



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME: _____ REC'D BY: _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Hall</u>	First Name <u>Proctor</u>	Middle Name <u>Nicole</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>372 Browns Creek Church rd</u>		Mailing Address (if different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u></u>
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Voter Registration No. Optional <u></u>	Phone (optional) <u></u>
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u>				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature

Signature of Near Relative/Legal Guardian (if applicable)

7-18-18

X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1277 61 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDowell</u>		First Name <u>Margaret</u>		Middle Name <u>A</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>320 Brown Creek Church Rd</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. <small>Optional</small>		Phone (optional)	
NC License or ID Number <u>XXX - XX</u>			[REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED] 7-18-18 X
Date Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S. Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Medowell</u>	First Name <u>Ruth</u>	Middle Name <u>H</u>	Suffix	Date of Birth
Home Address (NC Residential Address) <u>414 H Golden Village</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (for see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter X 7-18-18 Date
Signature of Near Relative/Legal Guardian (if applicable) X Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

McLowell

First Name

Mary

Middle Name

E

Suffix

Home Address (NC Residential Address)

1615 Browns Creek Church Rd

Mailing Address (If different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 280-61-2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McDowd</u>		First Name <u>Robert</u>		Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>615 Brown Creek Church Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		
NC License or ID Number		SSN <u>XXX - XX</u>	Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD 28101 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McDowell</u>		First Name <u>Brandon</u>		Middle Name <u>D</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>615 Brown Creek Church Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No. <u>[REDACTED]</u>	Phone (optional)
NC License or ID Number		SSN <u>XXX - XX</u>	Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-18-18</u>	Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD 282 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edge</u>		First Name <u>Robert</u>		Middle Name <u>A</u>	Suffix <u></u>
Home Address (NC Residential Address) <u>209 Meron Mill Rd 25</u>				Mailing Address (if different than home address): <u></u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional <u></u>		
			Phone (optional) <u></u>		Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas): <u></u>		Fax Number or Email Address <u></u>	

Signature of Near Relative/Legal Guardian (if applicable)
X
Date 7-18-18



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name <u>Lee</u>		First Name <u>Tara</u>		Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>209 Mower Mill Rd Apt 2B</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>				County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter: [REDACTED] Date: 7-8-18

Signature of Near Relative/Legal Guardian (if applicable): X Date: _____



State Absentee Ballot Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1284-092469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Singleton</u>	First Name <u>Kathila</u>	Middle Name <u>Ann</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>310 Mercer mill rd Apt 2</u>		Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	
Current Address (Address where you are currently stationed or living overseas.)			

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1285 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hunt</u>		First Name <u>Simmy</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>289 Marshall Rd Apt 25</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-15-18
Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1286 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Frederick</u>		First Name <u>Sonia</u>		Middle Name <u>A</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>4208 St. Marks St Apt</u>				Mailing Address (If different than home address.) <u></u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>			Voter Registration No. Optional <u></u>		
			Phone (optional) <u></u>		Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u>				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (If appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Leach</u>		First Name <u>Bernard</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>2094 Preston Mill Rd Apt 110</u>				Mailing Address (If different than home address.)	
City <u>Elizabeth</u>	State <u>NC</u>	Zip Code <u>28337</u>		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>				County of Residence <u>Bladen</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>[Signature]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-13-18</u>	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1288 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Rhone</u>	First Name <u>Sheronda</u>	Middle Name <u>Romise</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>510 Mercer mill Apt 3</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (mandatory)

X [REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED]
Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Clemmons</u>		First Name <u>Blanchie</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>1209 Martin Luther King Dr</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-13-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1290 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Cleo</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>1204 Lewis St</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1-1-</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional	Phone (optional) Email (optional)
NC License or ID Number SSN <u>X X X - X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-13-18

X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1291 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Rogers		First Name Montrell		Middle Name Jewel	Suffix
Home Address (NC Residential Address) 1213 Cotton St				Mailing Address (if different than home address.)	
City Elizabethtown		State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: ____/____/____				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional	
NC License or ID Number		SSN	Phone (optional) Email (optional)		
X X X - X X -					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing <u>outside</u> the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-13-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1292 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Clark</u>		First Name <u>Shontella</u>		Middle Name <u>D</u>	Suffix <u>MS</u>
Home Address (NC Residential Address.) <u>201 Wright Street Apt 29</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-13-18</u>	Date

Scan Date	Batch Number	Source Code	Batch ID
2018-08-23 9:25AM	1	17	9520

Scan Date/Time: 2018-08-23 9:25AM
Batch Number: 1
Batch Size: 40
Source Code: 17
Batch ID: 9520
Operator: cwilliams

McCrage Dowless
8-22-2018

Scan Date	Batch Number	Source Code	Batch ID
2018-08-23 9:25AM	1	17	9520

Scan Date/Time: 2018-08-23 9:25AM

Batch Number: 1

Batch Size: 40

Source Code: 17

Batch ID: 9520

Operator: cwilliams



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1296 OF 2469 25

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.bpe@ncsbe.gov

TIME _____ RECD BY _____
FRAUDULENTLY OR FALSIFYING THE FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date:

Voter Information

Last Name <u>Hayes</u>		First Name <u>Virginia</u>		Middle Name <u>S</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>125 Harrelson Road</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions). NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>125 Harrelson Road</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

08-08-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1297-8P2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

70

TIME RECD BY
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Riley</u>		First Name <u>Nathan</u>		Middle Name <u>Bay</u>		Suffix	Date of Birth
Home Address (NC Residential Address) <u>6842 Old Fayetteville Road</u>				Mailing Address (if different than home address.)			
City <u>Garland</u>		State <u>NC</u>	Zip Code <u>28441</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) <u>[REDACTED]</u> <u>XXX - XX -</u>				Voter Registration No. <u>[REDACTED]</u>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>6842 Old Fayetteville Road</u>		City <u>Garland</u>		State <u>NC</u>	Zip Code <u>28441</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address:		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1298 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsb.e.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Riley</u>	First Name <u>Patty</u>	Middle Name <u>Lea</u>	Suffix	Date of Birth
Home Address (NC Residential Address) <u>6842 Old Fayetteville Road</u>		Mailing Address (if different than home address.)		
City <u>Garland</u>	State <u>NC</u>	Zip Code <u>28441</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXXXX</u>		Voter Registration No. <u>XXXXXX</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>6842 Old Fayetteville Road</u>		City <u>Garland</u>	State <u>NC</u>	Zip Code <u>28441</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u> <u>7/16/18</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

MAR 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1299 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.
BLADEN CO. BO. OF ELECTIONS

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Date

Voter Information

Last Name Blackburn		First Name Kathy		Middle Name D	Suffix	Date of Birth
Home Address (NC Residential Address.) 7 Land Ln				Mailing Address (If different than home address.)		
City White Lake	State NC	Zip Code 28337	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. Optional		Phone (optional)	
					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name James Blackburn		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address 7 Land Ln		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
City White Lake		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
State NC		Name of Corporation (if appointed legal guardian)		
Zip Code 28337	Requestor's Phone 910-520-6457	Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X James Blackburn 8-16-18

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1300-012469

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Blackburn</u>	First Name <u>James</u>	Middle Name <u>R</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>Mland In.</u>		Mailing Address (If different than home address.)		
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____				
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 22 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1301 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

40

TIME: REC'D BY:
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gilleland</u>		First Name <u>Dianne</u>		Middle Name <u>H</u>	Suffix	Date of Birth
Home Address (NC Residential Address) <u>32 Womackway</u>				Mailing Address (if different than home address.)		
City <u>Whitelake</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>159 TIGIT ST LOT #42</u>		City <u>Whitelake</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <u>William C. Gilleland</u> Requestor's Address: <u>32 Womackway</u> City: <u>Whitelake</u> State: <u>NC</u> Zip Code: <u>28337</u>				
<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Name of Corporation (if appointed legal guardian)				
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X William C. Gilleland 8-8-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1302 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

40

TIME: _____ REC'D BY: _____
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gilleland</u>		First Name <u>William</u>		Middle Name <u>e</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>32 Womack Way</u>				Mailing Address (if different than home address.)		
City <u>White Lake</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: ____/____/____				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8-8-2018</u>
Date	Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 22 2018

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1303 of 2469

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Heath</u>	First Name <u>Eric</u>	Middle Name <u>J</u>	Suffix	DOB
Home Address (NC Residential Address.) <u>141 Womack Way</u>		Mailing Address (If different than home address.)		
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: ____/____/____				
You must provide at least one identification number below: (or see instructions) NC License or ID Number SSN <u>X X X - X X -</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (_____) (_____) Signature of Near Relative/Legal Guardian (if applicable)
X E-L-18 X
Date Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1304 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME: _____ REC'D BY: _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hessler</u>		First Name <u>Leo</u>		Middle Name <u>G</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>8 land lane</u>				Mailing Address (If different than home address.)		
City <u>White lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional)	
NC License or ID Number <u>XXX - XX - [REDACTED]</u>					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] 8/8/18 X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1305 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Hessler	Patricia	R		
Home Address (NC Residential Address.)			Mailing Address (if different than home address.)	
37 land lane #8				
City	State	Zip Code	City	State
White Lake	NC	28337		
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: / /			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	
NC License or ID Number			Optional	
X X X - X X				
			Phone (optional)	
			Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

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AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1306 of 2469 40
Physical Address
301 S Cypress St
Elizabethtown NC
28337
Mailing Address
PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hughsmith</u>		First Name <u>Teresa</u>		Middle Name <u>Gardner</u>	Suffix	Date of Birth
Home Address (NC Residential Address) <u>1024 Sleepy Creek Dr</u>				Mailing Address (If different than home address.)		
City <u>Harrells</u>		State	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X -</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>				City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Address				Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
B-6-18 X
Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 22 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

40

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>JACOBS</u>	First Name <u>Don</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>49 Womack Way 46</u>		Mailing Address (if different than home address.)		
City <u>Whitelake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> / / </u>		County of Residence	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18

Date

X

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

10: BLADEN COUNTY BOARD OF ELECTIONS
1308 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name <u>Harvey James</u>		First Name <u>Harvey</u>		Middle Name <u>H</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>54 Womack Way Lot #25</u>				Mailing Address (If different than home address.)	
City <u>White Lake</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

BLADEN COUNTY BOARD OF ELECTIONS
1309 of 2469

Physical Address:
301-S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY:
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 5, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lucas</u>		First Name <u>Ellen</u>		Middle Name <u>T</u>	Suffix	Date of Birth
Home Address (NC Residential Address) <u>46 Womack Way</u>				Mailing Address (if different than home address.)		
City <u>Whitelake</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1879 Whitelake Dr</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/8/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

1310 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>LUCAS</u>	First Name <u>John</u>	Middle Name <u>A</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>40 Womack Way</u>		Mailing Address (if different than home address.)	
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: _____ / _____ / _____			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1879 White Lake</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
8/8/18 X
Date Date



State Absentee Ballot Exhibit 42-3-12
North Carolina

RECEIVED

AUG 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1311 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name <u>McConnell</u>	First Name <u>Carl</u>	Middle Name <u>E</u>	Suffix <u>Jr</u>
Home Address (NC Residential Address.) <u>37 Pearce Pl</u>		Mailing Address (If different than home address.)	
City <u>Whitlake</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[Redacted]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
Signature of Near Relative/Legal Guardian (if applicable) <u>8-14-18</u> X Date	



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 22 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1312 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

40

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>RHEW</u>		First Name <u>Robert</u>		Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>44 Womack way</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>White Lake</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u> Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>[REDACTED]</u> Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>/ /</u>					
You must provide at least one identification number below, (or see instructions): NC License or ID Number <u>XXXX - XX</u> <u>[REDACTED]</u>				Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u> Email (optional) <u>[REDACTED]</u>

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>			City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>			Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Voter <u>X</u> <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> <u>[REDACTED]</u>
Date <u>8/8/18</u>	Date <u>[REDACTED]</u>



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1313 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>RHEW</u>	First Name <u>Patricia</u>	Middle Name <u>E</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>44 Womack Way</u>		Mailing Address (if different than home address.)		
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX</u> [REDACTED]			Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/8/18 X
Date

Date



State Absentee Ballot Request Form
North Carolina

ANG 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

1314 of 2469 40
Mailing Address:
PO Box 512
Elizabethtown

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Goodin</u>		First Name <u>Mary</u>		Middle Name <u>D</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>45 Womackway</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>White Lake</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: <u>/ /</u>					
You must provide at least one identification number below. (or see instructions) NC license or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>164 Goodin Trail</u>		City <u>Richwood</u>	State <u>West Virginia</u>	Zip Code <u>26011</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter: X Signature of Near Relative/Legal Guardian (if applicable): 8-8-18 X
Date: Date:



State Absentee Ballot Request Form

North Carolina

AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. RD. OF ELECTIONS

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1315 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

OR

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Collier</u>	First Name <u>Steven</u>	Middle Name <u>R</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>20 Elaine Lane</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1879 White Lake Dr</u>		City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (Voter) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8-9-18</u>	Date



State Absentee Ballot Request Form
North Carolina

AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1316 of 2469 25

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>		First Name <u>Steven</u>		Middle Name <u>D</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>801 Campbell Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. <u>[REDACTED]</u>		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-4-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 2 2018

THAT BEC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1317 OF 2469 80

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>COOPER</u>	First Name <u>Kerin</u>	Middle Name <u>O'neal</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1414 River Rd</u>		Mailing Address (If different than home address.)		
City <u>White oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number <u>X X X - X X</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1414 River Rd</u>		City <u>White oak</u>	State <u>NC</u>	Zip Code <u>283</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X
Date 8-2-2018

X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1318 of 2469 50
Physical Address
301 S Cypress St
Elizabethtown NC
28337
Mailing Address
PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cochran</u>	First Name <u>Louvinia</u>	Middle Name <u>Marie</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1414 River Rd</u>		Mailing Address (if different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		County of Residence	Previous Name (if applicable)	
You must provide at least one identification number below: (or see instructions) NC License or ID Number: <u> </u> SSN: <u>XXX - XX - [REDACTED]</u>		Voter Registration No. <u> </u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1414 River Rd</u>		City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: <u> </u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/3/18 X
Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

NOV 9 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1319-012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

50

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>English</u>		First Name <u>Dan</u>		Middle Name <u>J</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>15731 Hwy 53 West</u>				Mailing Address (If different than home address.)		
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?). <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (must be signed by voter) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>[Signature]</u>
Date	Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 9320-612469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Owen</u>	First Name <u>Joyce</u>	Middle Name <u>Aima</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>12909 Hwy 53 West</u>		Mailing Address (if different than home address.)		
City <u>White Oak</u>	State <u>N.C.</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)
NC License or ID Number	SSN <u>X X X - X X</u>			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1321 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

PSC

TIME: REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Griffin</u>	First Name <u>Larry</u>	Middle Name <u>Lee</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>309 Gum Spring Rd.</u>		Mailing Address (If different than home address.) [REDACTED]		
City <u>White Oak</u>	State <u>N.C.</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/1</u>		Previous Name (If applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED] SSN [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>309 Gum Spring Rd. White Oak</u>		City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
9-3-18 X
Date



State Absentee Ballot Request Form

North Carolina

AUG 22

Exhibit 4.2.3.1.2

TIME _____
RECD BY _____
BLADEN CO. SO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1322-01 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

RECEIVED
GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>English</u>	First Name <u>Elizabeth</u>	Middle Name <u>Ann</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>15731 HWY 534</u>		Mailing Address (If different than home address.)		
City <u>White Oak</u>	State <u>N.C.</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: <u>1/1/1</u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	
NC License or ID Number	SSN <u>XXX - XX</u>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18 X
Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1525-012469 80

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS
RECEIVED
NOV 2 2018
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dew</u>		First Name <u>Kristen</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>15169 Hwy 53 West</u>				Mailing Address (If different than home address.)		
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX</u> SSN: <u>XXXXXXXX</u>				Voter Registration No. <u>000000</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>15169 Hwy 53 West</u>		City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
If voter is registered as <u>unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: _____ Requestor's Address: _____ City: _____ State: _____ Zip Code: _____ Requestor's Phone: _____ Requestor's Email: _____				
Name of Corporation (if appointed legal guardian)				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (if applicable)

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P80

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name COOK	First Name Lucy	Middle Name H.	Suffix	Date of Birth
Home Address (NC Residential Address) 13328 NC HWY 53 W		Mailing Address (if different than home address.)		
City White Oak	State NC	Zip Code 28399	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/				
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X -		Voter Registration No. 000000	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 13328 NC HWY 53		City White Oak	State NC	Zip Code 28399
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
X
Date **8-3-18**



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
2018 22 2010

TIME REC'D BY
BLADEN CO. BOE. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1325 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Cook</u>	First Name <u>Robert</u>	Middle Name <u>Edward</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>13328 NC HWY 53W</u>		Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>/ /</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8-3-18 X Robert Cook 8-3-18</u>
Date	Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME: _____ REC'D BY: _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name

Wilson

First Name

Francis

Middle Name

Craig

Suffix

[Redacted]

Home Address (NC Residential Address.)

13337 NC 87 W

Mailing Address (If different than home address.)

City

Jar. Heel

State

NC

Zip Code

28392

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 07/01/18

County of Residence

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)
NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

P.O. Box 1792

City

Elizabethtown

State

NC

Zip Code

28337

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Alice Wilson

Requestor's Address

P.O. Box 1792

City

Elizabethtown

State

NC

Zip Code

28337

Requestor's Phone

Requestor's Email

Name of Corporation (if appointed legal guardian)

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)
Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X Alice Wilson

8-20-18

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Heath</u>	First Name <u>TRACY</u>	Middle Name <u>Kendall</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>91 Mobile Drive</u>		Mailing Address (If different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>5213373</u> SSN <u>XXX-XX-</u> [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>91 Mobile Drive</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-30-18 X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED
JUN 22 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1928-612469

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Tyndall</u>		First Name <u>Nancy</u>		Middle Name <u>m</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>171 Windmillway</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter

X

Signature of Near Relative/Legal Guardian (if applicable)

8-7-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1329 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO BO OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Tyndall</u>		First Name <u>Jeremy</u>		Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>171 Windmillway</u>				Mailing Address (If different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXX - XX</u>			Voter Registration No. Optional		Phone (optional)	
					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Nancy Tyndall</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address <u>171 Windmillway</u>		Name of Corporation (if appointed legal guardian)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X Nancy Tyndall 8-7-18

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P.60

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name <u>Wilson</u>	First Name <u>Alice</u>	Middle Name <u>C</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>13337 NC 87 Hwy W</u>		Mailing Address (If different than home address.)		
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>07/01/18</u>		County of Residence		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1792</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

8-20-18

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1331 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bayer</u>	First Name <u>Jennifer</u>	Middle Name <u>Denese</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>141 Hawk Bluff Rd.</u>		Mailing Address (If different than home address.)		
City <u>Ivanhoe</u>	State <u>NC</u>	Zip Code <u>28447</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>141 Hawk Bluff Rd.</u>		City <u>Ivanhoe</u>	State <u>NC</u>	Zip Code <u>28447</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name:		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1332 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

25

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Blackburn</u>		First Name <u>William</u>		Middle Name <u>Joseph</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>141 Hawk Bluff Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>Trenton</u>		State <u>NC</u>	Zip Code <u>28647</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1-</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX-XX</u> [REDACTED] SSN: <u>[REDACTED]</u>				Voter Registration No. (Optional)		Phone (optional) <u>879 6855</u>	
						Email (optional) <u>S. Howell-Carmichael@outlook.com</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>141 Hawk Bluff Rd</u>		City <u>Trenton</u>		State <u>NC</u>	Zip Code <u>28647</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature [REDACTED] X
Date 7-30-18 X
Signature of Near Relative/Legal Guardian (if applicable)
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

1333 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p38

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information				
Last Name <u>Creed-Enloe</u>	First Name <u>Jacquelyne</u>	Middle Name <u>G.</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>5010 NC HWY 53W</u>		Mailing Address (If different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X -</u>		Voter Registration No. <u>00000</u>	Phone (optional)	Email (optional)

Absentee Voting Information				
Absentee Mailing Address (Where should the ballot be mailed?) <u>5010 NC HWY 53W</u>		City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian).	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-02-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 42312
RECEIVED
AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

1334 of 2469 P35
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Singleterry</u>		First Name <u>Tammy</u>		Middle Name <u>L</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>4320 Hwy 53 West</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: _____ / _____ / _____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions). NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

NOV 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1335 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>WOOD</u>	First Name <u>HANNAH</u>	Middle Name <u>SHARON</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>4554 HWY 53 West</u>		Mailing Address (if different than home address.)		
City <u>WHITE OAK</u>	State <u>NC</u>	Zip Code <u>28389</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>/ /</u>		County of Residence	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Carpool	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-1-18

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-08-22 4:38PM	12	17	9519

Scan Date/Time: 2018-08-22 4:38PM

Batch Number: 12

Batch Size: 30

Source Code: 17

Batch ID: 9519

Operator: cwilliams

McCrae Dowless

8/22/2018



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1338 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Britt</u>		First Name <u>Billy</u>		Middle Name <u>R</u>	Suffix	Date of Birth
Home Address (NC Residential Address): <u>145 Ed Sessoms Rd</u>				Mailing Address (If different than home address.)		
City <u>Clanton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		
NC License or ID Number		SSN		Phone (optional)		
<u>XXX - XX - XXX</u>		<u>XXX - XX - XXX</u>		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>				City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name				Relationship		
				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
				<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address				Name of Corporation (If appointed legal guardian)		
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sig [Signature] Signature of Near Relative/Legal Guardian (if applicable)
Date 8/9/18 X



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 22 2013

TO: BLADEN COUNTY BOARD OF ELECTIONS

1339 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

First Name

Middle Name

Suffix

Date of Birth

Home Address (NC Residential Address.)

Mailing Address (if different than home address.)

City

State

Zip Code

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

Voter Registration No.
Optional

Phone (optional)

Email (optional)

X X X - X X

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☒ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

Clarkton

NC

28433

910-376-1341

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X Wanda Britt

8-8-2018

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Britt</u>		First Name <u>Graham</u>		Middle Name <u>T</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>145 Edd Sessom Rd</u>				Mailing Address (If different than home address.)		
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number				Voter Registration No. Optional	Phone (optional)	Email (optional)
SSN <u>X X X - X X - [REDACTED]</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1341 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Britt

First Name

Wanda

Middle Name

L

Suffix

Home Address (NC Residential Address.)

145 eddnessams Rd

Mailing Address (If different than home address.)

City

Clarkton

State

NC

Zip Code

28433

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter

X

Signature of Near Relative/Legal Guardian (if applicable)

8-8-2018 X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 22 2013

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1342 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Canady</u>		First Name <u>Herbert</u>		Middle Name <u>E</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2810 W. Broad St</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable)		
You must provide at least one identification number below, (or see instructions) NC License or ID Number: <u>XXX - XX</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8-6-18 X</u>
Date	Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 22 2013

TO: BLADEN COUNTY BOARD OF ELECTIONS 1342 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Cook</u>		First Name <u>Tracey</u>		Middle Name <u>Latern</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>301 Horne St</u>			Mailing Address (if different than home address.) <u>Same</u>		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. <u>[REDACTED]</u>	Phone (optional)	Email (optional)

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>			City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>7-30-18 X</u>
Date <u>7-30-18</u>	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 22 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1344 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>COX</u>		First Name <u>James</u>		Middle Name <u>D</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>315 Homer Dr</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>			Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX - [REDACTED]</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) X [REDACTED] 8-6-18 X
Date Date

Signature of Near Relative/Legal Guardian (if applicable)



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

NOV 02 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 910-862-6951

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Fowler	First Name Brandon	Middle Name Kyle	Suffix	Date of Birth
Home Address (NC Residential Address.) 404 Swanzy St.		Mailing Address (if different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC license or ID Number: SSN X X X - X X -		Voter Registration No. 0110001	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-1-18

Date

X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1346 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Harrison	First Name Diane	Middle Name K	Suffix	Date of Birth
Home Address (NC Residential Address.) 1429 Cromartie Rd		Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: 1/1				
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X -		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X	Signature of Near Relative/Legal Guardian (if applicable) 8-1-18 X
Date	Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1347 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

SD1

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Hatcher</u>		First Name <u>Barbara</u>		Middle Name <u>A</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>109 Glenwood Drive</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>/ /</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 2131</u>				City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[Signature]</u>		Fax Number or Email Address	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

7-36-18

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1348 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

First Name

Middle Name

Suffix

Date of Birth

Hester

Edna

G

Home Address (NC Residential Address.)

Mailing Address (if different than home address.)

1586 Horseshoe Rd.

City

State

Zip Code

City

State

Zip Code

Bladenboro

NC

28320

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: ____/____/____

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

Same

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8-4-18 X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED
AUG 22 2011

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 919-662-469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Kinlaw</u>		First Name <u>Ellen</u>		Middle Name <u>Yvonne</u>		Suffix [Redacted]	
Home Address (NC Residential Address.) <u>1028 Hensel Lane</u>				Mailing Address (If different than home address.)			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				County of Residence		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [Redacted]</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Scobee</u>			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
			<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address			<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
			Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8-4-18</u> <u>X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 22 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1350 6th 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Kinlan</u>	First Name <u>Janet</u>	Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>1904 West Broad St</u>		Mailing Address (if different than home address.) <u>Same</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (not required)

<u>X</u> [REDACTED]	<u>8-7-18</u> Date	<u>X</u> [REDACTED]	<u> </u> Date
------------------------	-----------------------	------------------------	-------------------

Signature of Near Relative/Legal Guardian (if applicable)



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TIME REC'D BY
BLADEN CO. SO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name

Kinlaw

First Name

Santanna

Middle Name

m

Suffix

Home Address (NC Residential Address.)

1028 Horseshoe Rd

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28330

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.

Cardinal

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Sign

X

Signature of Near Relative/Legal Guardian (if applicable)

12/6/16 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2
RECEIVED
AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1552 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown.

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLane</u>	First Name <u>Romeo</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1028 Hareeshoe</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/18</u>		County of Residence Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>See</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (must be signed by voter) X [REDACTED] Signature of Near Relative/Legal Guardian (if applicable) X
Date 8-4-18 Date _____



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 22 2018

TIME REC'D BY:
BLADEN CO. BOE. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Parks</u>		First Name <u>Paul</u>		Middle Name <u>Henry</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>973 Horseshoe Rd.</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28332</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>973 Horseshoe Rd.</u>		City <u>Bladenboro</u>		State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name					
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X [REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

X

8/4/2018

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

NOV 22 2018

TIME REC'D BY
BLADEN CO. CO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1354-8P2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Sellers</u>	First Name <u>Robert</u>	Middle Name <u>Eugene</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>2507 First Ave</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX-XXXX</u>			Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 541</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

30-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 22 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1355 of 2469

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

Mailing Address
PO Box 512
Elizabethtown

FAX: 910-862-7820

50

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Tyrer</u>	First Name <u>Dorothy</u>	Middle Name <u>Ellen</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>205 Horne St</u>		Mailing Address (if different than home address.) <u>Same</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX-[REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

7-30-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 22 2018

TIME RECEIVED
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1356 6th St 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tatum</u>	First Name <u>Kelsey</u>	Middle Name <u>K</u>	Suffix <u></u>	Date of Birth <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>205 Horne</u>			Mailing Address (if different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NCLicense or ID Number <u>XXX-XX-[REDACTED]</u>			Voter Registration No. Optional	Phone (optional)
			Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian)		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

1-30-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

AUG 22 2018

TIME REC'D BY
REC'D BY BLADEN CO. BO. OF ELECTIONS
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

1357 of 2469

501

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
West	Bonnie	C		
Home Address (NC Residential Address)			Mailing Address (If different than home address)	
1538 Horseshoe Rd.				
City	State	Zip Code	City	State
Bladenboro	NC	28320		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)
NC License or ID Number			Optional	Email (optional)
X X X - X X - [REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED]

5/7/18
Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown, NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Clifton</u>		First Name <u>Rochel</u>		Middle Name <u>Cynne</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>435 Hayfield St.</u>				Mailing Address (If different than home address.)			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>/ /</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX - [REDACTED]</u>				Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-14-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

AUG 22 2013

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1359 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Clifton</u>		First Name <u>Dennis</u>		Middle Name <u>Charles</u>	Suffix <u>II</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>435 Hayfield St</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: _____ / _____ / _____						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Rachel Clifton</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>Same</u>		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X Rachel Clifton8-14-18

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1560 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dorris</u>	First Name <u>Justin</u>	Middle Name <u>A</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>1106 Bullard Street</u>		Mailing Address (if different than home address): [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/18</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): <u>Same</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.): [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
X 8/9/18 X
Date Date



Exhibit 4.2.3.1.2

1361 of 2469

State Absentee Ballot Request Form

North Carolina

AUG 22 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Jacobs - Nance		First Name Klara		Middle Name Nicole	Suffix	Date of Birth
Home Address (NC Residential Address.) 404 E. Swanzy St.				Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: / /						
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X -			Voter Registration No. C 11118		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian).

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/11/18

X

Date

Date



State Absentee Ballot Request Form
North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Goodwin</u>	First Name <u>Julia</u>	Middle Name <u>H</u>	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>404 Woodland Dr.</u>		Mailing Address (if different than home address.) <u>PO Box 1054</u>			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC license or ID Number: <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1054</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Em.	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-11-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 22 2018

TIME REC'D BY
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1363 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Date

Voter Information

Last Name <u>Goodwin</u>		First Name <u>Robert</u>		Middle Name <u>Dane</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>404 Woodland</u>				Mailing Address (If different than home address.) <u>PO BOX 1054</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
IF "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC license or ID Number <u>XXXXXXXX-XX-XXXX</u>			Voter Registration No. <u>00000</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO BOX 1054</u>			City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u> Requestor's Address <u></u> City <u></u> State <u></u> Zip Code <u></u> Requestor's Phone <u></u> Requestor's Email <u></u>					
Name of Corporation (if appointed legal guardian)					

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>

Signature
X
Date
7-26-18

Signature of Near Relative/Legal Guardian (if applicable)
X
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. CO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edge</u>	First Name <u>Anita</u>	Middle Name <u>Carson</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>2202 First Ave</u>		Mailing Address (If different than home address.) <u></u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X -</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2202 First Ave</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1365-8P 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>EDGE</u>	First Name <u>JANITA</u>	Middle Name <u>WILLIE</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2202 FIRST AVE</u>		Mailing Address (If different than home address.)		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____				
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2202 FIRST AVE</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-4-2018

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 22 2018

TIME 1:22 PM
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1366 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edge</u>	First Name <u>Kathryn</u>	Middle Name <u>King</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>33 Morgan Wood Estates</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX</u> [REDACTED]			Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>33 Morgan Wood Estates</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (if applicable) X [REDACTED]
Signature of Near Relative/Legal Guardian (if applicable) 5-4-87 X
Date Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 22 2018

TIME REC'D BY
BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1367 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edge</u>	First Name <u>Marcus</u>	Middle Name <u>Wayne</u>	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>33 Morganwood Estates</u>		Mailing Address (if different than home address.) <u>33 Morganwood Estates</u>			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u> SSN <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>33 Morganwood Estates</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7/4/18

X

Date

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-08-22 3:28PM	11	17	9518

Scan Date/Time: 2018-08-22 3:28PM

Batch Number: 11

Batch Size: 30

Source Code: 17

Batch ID: 9518

Operator: cwilliams

McCrae Downless
8-22-2018



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

11/22/2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1370 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>HEDGE PETH</u>	First Name <u>SARAH</u>	Middle Name <u>CAIN</u>	Suffix <u>MRS</u>
Home Address (NC Residential Address.) <u>213 OLD N.C. 20</u>		Mailing Address (if different than home address.) <u>213 OLD N.C. 20</u>	
City <u>ST. PAUL'S</u>	State <u>N.C.</u>	Zip Code <u>28384</u>	City <u>ST. PAUL'S</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>[REDACTED]</u>		Voter Registration No. Optional	Phone (optional)
SSN <u>XXX - XX - [REDACTED]</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>213 OLD N.C. 20</u>		City <u>ST. PAUL'S</u>	State <u>N.C.</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

<u>X</u> [REDACTED]	<u>9-21-18</u> [REDACTED]
Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 22 2018

TIME REC'D BY
BLADEN CO. RD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1371 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Davis</u>		First Name <u>Kelly</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1357 Tar Heel Rd.</u>				Mailing Address (if different than home address.)		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			DOB = <u>7/02/1978</u>			
If "No," indicate the date of your move: <u>1/1/</u>			County of Residence			
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Previous Name (if applicable)			
SSN <u>X X X - X X -</u>			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>6-29-18</u>	Date

Validated (3167)SSN



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name <u>DAVIS</u>		First Name <u>Ricky</u>		Middle Name <u>Lee</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address): <u>1563 Tar Heel Rd.</u>				Mailing Address (if different than home address):		
City <u>Tar Heel</u>		State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				DOB = <u>2/23/1966</u>		
If "No," indicate the date of your move: <u>1-1</u>				County of Residence		
You must provide at least one identification number below. (or see instructions)				Previous Name (if applicable)		
NC License or ID Number		SSN	Voter Registration No.	Phone (optional)	Email (optional)	
<u>XXX - XX</u>		<u>[REDACTED]</u>	<u>[REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas):		Fax Number or Email Address:	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

6/30/18
Date

Date

Validated (3736) SSN



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1375 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Hendrix</u>	First Name <u>Kelly</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1568 Tar Heel Rd</u>		Mailing Address (If different than home address.)		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

6925

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

1374 of 2469

RECEIVED
AUG 22 2018

TIME REC'D BY
BLADEN CO. SO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Voter Information

GENERAL ELECTION

Election Type (Primary, General, Municipal, Special, etc.)

on **NOVEMBER 6, 2018**
Election Date

Last Name

McPhail

First Name

Karen

Middle Name

A

Suffix

Date of Birth

Home Address (NC Residential Address.)

195 Hickory Hill Dr

Mailing Address (if different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: **1/1/18**

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No. **[REDACTED]**

Options

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Non-partisan

If "Yes," what is the name and address of the hospital or facility: ☐ Yes ☐ No

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

City

State

Zip Code

Name of Corporation (if appointed legal guardian)

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1375 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McPhail</u>	First Name <u>Terry</u>	Middle Name <u>M</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>195 Hickory Hill Dr</u>		Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1376-012469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Stallings</u>		First Name <u>Michael</u>		Middle Name <u>Ray</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1341 Joyce St.</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>		State <u>N.C.</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>1/1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No. <u>Optional</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Post Box 1294</u>		City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X [Signature]
Date 7-2-18

Signature of Near Relative/Legal Guardian (if applicable)

X [Signature]
Date _____



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1977 LEF 12469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>STOKEN</u>		First Name <u>J.C.</u>		Middle Name <u>JR</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>2801 Peanut Plant Rd.</u>				Mailing Address (if different than home address.) _____		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City _____	State _____	Zip Code _____
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XXX-XXXX</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2801 Peanut Plant Rd.</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> <u>Deanna J. Stoken</u> <u>6/26/18</u>
Date <u>6/26/18</u>	Date <u>6/26/18</u>



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1378 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Warner</u>		First Name <u>Anna</u>		Middle Name <u>C.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>392 Jurtle Cove Dr</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)
NC License or ID Number			Optional		Email (optional)
<u>XXX - XX</u>			<u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>392 Jurtle Cove Dr</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1379 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name STARKLOFF		First Name KYLE		Middle Name LEE	Suffix [REDACTED]
Home Address (NC Residential Address.) 340 HAYFIELD ST.				Mailing Address (if different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____					
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 340 HAYFIELD ST.		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X	Date 8/16/18	Signature of Near Relative/Legal Guardian (if applicable) X	Date
-----------------------	------------------------	---	------



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 22 2018
RECD BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1580 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME RECD BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

STARKLOFF

First Name

KELLY

Middle Name

HAYES

Suffix

Home Address (NC Residential Address.)

340 HAYFIELD ST.

Mailing Address (If different than home address.)

City

ELIZABETHTOWN

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

340 HAYFIELD ST.

City

ELIZABETHTOWN

State

NC

Zip Code

28337

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother /sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

elections@bladenco.org

(910) 862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>STARKLOFF</u>		First Name <u>CAROL</u>		Middle Name <u>DIANE</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>2206 1ST AVE.</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>ELIZABETHTOWN</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)	
NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2206 1ST AVE.</u>				City <u>ELIZABETHTOWN</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility: _____							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter <u>X</u> <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> <u>[REDACTED]</u>
Date <u>8/16/18</u>	Date _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 22 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD 910-862-0469

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Fisher</u>	First Name <u>Walter</u>	Middle Name <u>Drew</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>265 Morgnwood Est. Dr</u>		Mailing Address (If different than home address.) <u>N/A</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional	Phone (optional)
				Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>428 Rose Avenue</u>		City <u>Wilmington</u>	State <u>NC</u>	Zip Code <u>28403</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Toni B. Fisher</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address <u>265 Morgnwood Dr.</u>		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
City <u>Elizabethtown</u>		Name of Corporation (if appointed legal guardian)		
State <u>NC</u>		Requestor's Phone <u>910 645 6568</u>		
Zip Code <u>28337</u>		Requestor's Email <u> </u>		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X Toni B. Fisher

08/10/2018

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD 0883 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Fisher</u>		First Name <u>Will</u>		Middle Name <u>Beasley</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>404 Hayfield St.</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				County of Residence <u>[REDACTED]</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u> </u> SSN <u>XXX - XX [REDACTED]</u>				Voter Registration No. Optional <u> </u>		Phone (optional) <u> </u>	
						Email (optional) <u> </u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>404 Hayfield St.</u>		City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: <u> </u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>Toni B. Fisher</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address <u>265 Margenwood Dr.</u>			Name of Corporation (If appointed legal guardian) <u> </u>		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-645-6568</u>	
		Requestor's Email <u> </u>			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u> </u>		Fax Number or Email Address <u> </u>	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X Toni B. Fisher 08/10/2018
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1384 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name DAVIS		First Name Deborah		Middle Name Smith	Suffix	Date of Birth
Home Address (NC Residential Address.) 1563 Tar Heel Rd.				Mailing Address (If different than home address.)		
City Tar Heel		State NC	Zip Code 28392	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X				Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Davis</u>		First Name <u>Rennie</u>		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1568 Tar Heel Rd.</u>				Mailing Address (if different than home address.)		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)		
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional	Phone (optional)	Email (optional)	
NC License or ID Number SSN <u>X X X - X X</u> [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

6/16/18
Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1386 of 2469

Physical Address
301 S Cypress St
Elizabethtown, NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Doyle</u>		First Name <u>Briana</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1357 Tar Heel Rd</u>				Mailing Address (If different than home address,)		
City <u>Tar Heel</u>		State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

6/26/18

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 22 2018

TIME REC'D BY
BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>	First Name <u>Kelsey</u>	Middle Name <u>Rae</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1525 Tar Heel rd</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u> </u> SSN <u>XXX - XX</u>		Voter Registration No. <u> </u> Optional	Phone (optional) <u> </u>
		Email (optional) <u> </u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u> </u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u> </u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u> </u>		Fax Number or Email Address <u> </u>	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

6/29/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Smith</u>	First Name <u>Jane</u>	Middle Name	Suffix
Home Address (NC Residential Address) <u>1525 Tar Heel Rd.</u>		Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Ward	Donna			
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)		
1568 Tar Heel Rd.				
City	State	Zip Code	City	State
Tar Heel	NC	28392		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number		Optional		
SSN				
X X X - X X				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same As Above				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by:	
(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wilkins</u>	First Name <u>Glenn</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>82 Main St</u>		Mailing Address (if different than home address.)		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 184</u>		City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

AUG 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1391 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Seward		First Name William		Middle Name Jordan	Suffix Mr.	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 1123 NC Hwy 20 E				Mailing Address (if different than home address.) P.O. Box 233		
City Tar Heel	State NC	Zip Code 28392	City Tar Heel	State NC	Zip Code 28392	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X [REDACTED]			Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 233		City Tar Heel	State NC	Zip Code 28392
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

6/20/18
Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1392 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME: REC'D BY:
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name PEAVEY		First Name MARKHAM		Middle Name DANIEL	Suffix MR.	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 68 MINES CREEK ROAD				Mailing Address (if different than home address.)		
City ST. PAUL'S		State NC	Zip Code 28384	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]				Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 68 MINES CREEK ROAD		City ST. PAUL'S	State NC	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

Signature

T-31-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North CarolinaRECEIVED
AUG 22 2018TIME _____ REC'D BY _____
BLADEN CO. ED. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1393 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hunt</u>		First Name <u>Janet</u>		Middle Name <u>Elaine</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>1380 Pages Lake Rd</u>				Mailing Address (If different than home address.)	
City <u>St. Pauls</u>	State <u>N.C.</u>	Zip Code <u>28384</u>		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1394 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hunt</u>	First Name <u>Don</u>	Middle Name <u>Oliver</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1380 Pages Lake Rd.</u>		Mailing Address (If different than home address.)		
City <u>St. Pauls</u>	State <u>N.C.</u>	Zip Code <u>28384</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u> [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing <u>outside</u> the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED]6/29/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

4395-01-2469

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

60

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Holloway</u>	First Name <u>Nicole</u>	Middle Name <u>McDonald</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>737 Old NC 20 Rd</u>		Mailing Address (if different than home address.)	
City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City <u>St Pauls</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>Nicole Rose McDonald</u>
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)
NC License or ID Number	SSN <u>X X X - X X - [REDACTED]</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
[Signature]

Date



State Absentee Ballot Request Form

North Carolina

Aug 22 2018

TIME _____ REC'D BY _____
BLADEN CO. SO. OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1896 of 2469
PO Box 512
Elizabethtown

60

PHONE: 910-862-6951
bladen.boa@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>HOLLOWAY</u>		First Name <u>Christopher</u>		Middle Name <u>Reynolds</u>		Suffix [REDACTED]					
Home Address (NC Residential Address) <u>737 Old NC 20 Rd</u>				Mailing Address (if different than home address.)							
City <u>St Pauls</u>		State <u>NC</u>		Zip Code <u>28384</u>		City <u>St Pauls</u>		State <u>NC</u>		Zip Code <u>28384</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)					
If "No," indicate the date of your move: <u>1/1/</u>											
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		Phone (optional)		Email (optional)			
NC License or ID Number <u>XXX - XX - [REDACTED]</u>				SSN <u>XXX - XX - [REDACTED]</u>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		State		Zip Code			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan										
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No										
If "Yes," what is the name and address of the hospital or facility:										
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:										
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent							
			<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law							
			<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian							
Requestor's Address			Name of Corporation (if appointed legal guardian)							
City			State		Zip Code		Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>[REDACTED]</u> X Date <u>7/1/18</u>	Signature of Near Relative/Legal Guardian (if applicable) X Date _____
--	--



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

NOV 22 2018

TIME REC'D BY
BLADEN CO. ED. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gunter</u>	First Name <u>Kendall</u>	Middle Name <u>Hedgepeth</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>1190 Bladen Union Church Rd.</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Fayetteville</u>	State <u>NC</u>	Zip Code <u>28306</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>Kendall Lauren Hedgepeth</u>
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Email (optional) <u>Kendall712@aol.co</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1190 Bladen Union Church Rd.</u>	City <u>Fayetteville</u>	State <u>NC</u>	Zip Code <u>28306</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-29-18
Date

X
Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1398 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>GLUNTHER</u>	First Name <u>JONATHAN</u>	Middle Name <u>CHARLES</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>1190 BLADEN UNION CHURCH RD.</u>		Mailing Address (if different than home address.)	
City <u>FAYETTEVILLE</u>	State <u>NC</u>	Zip Code <u>28306</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1190 BLADEN UNION CHURCH RD.</u>		City <u>FAYETTEVILLE</u>	State <u>NC</u>	Zip Code <u>28306</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
6-29-18 X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 22 2018

TIME REC'D BY
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1399 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>GREEN</u>	First Name <u>DANIEL</u>	Middle Name <u>GRADY</u>	Suffix <u>MR</u>
Home Address (NC Residential Address.) <u>698 OLD NC 20 RD</u>		Mailing Address (If different than home address.) <u>NO</u>	
City <u>ST PAULS</u>	State <u>NC</u>	Zip Code <u>28384</u>	City <u>BLADEN</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions). NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>698 OLD NC 20 RD</u>		City <u>ST PAULS</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Sign <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-18</u>	Date

Scan Date	Batch Number	Source Code	Batch ID
2018-08-22 2:42PM	10	17	9517

Scan Date/Time: 2018-08-22 2:42PM

Batch Number: 10

Batch Size: 20

Source Code: 17

Batch ID: 9517

Operator: cwilliams

McCrae Downtess
8-22-2018



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

AUG 22 2018

TIME _____ REC'D BY: _____
BLADEN CO. ED. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1402 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Green</u>		First Name <u>Betty</u>		Middle Name <u>ELIZABETH</u>	Suffix <u>MRS.</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>698 OLD NC 20 Rd.</u>				Mailing Address (if different than home address.)		
City <u>St. Pauls</u>		State <u>NC</u>	Zip Code <u>28384</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. <u>000000</u>		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>698 OLD NC 20 Rd.</u>		City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7-1-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONSPhysical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Fisher</u>	First Name <u>Chrystal</u>	Middle Name <u>marie</u>	Suffix <u>ms</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1123 NC Hwy 20 E</u>		Mailing Address (if different than home address.)		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u> / / </u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>		Voter Registration No. <u>000000</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 233</u>		City <u>TAR HEEL</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7/1/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018 REC'D BY
BLADEN CO. BD. OF ELECTIONS

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1404 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name DAVIS	First Name PATRICIA	Middle Name CAIN	Suffix	Date of Birth
Home Address (NC Residential Address.) # 103 MINES CREEK		Mailing Address (if different than home address.)		
City ST. PAULS	State N.C.	Zip Code 28384	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: 1/1/				
You must provide at least one identification number below. (or see instructions). NC License or ID Number SSN X X X - X X -		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 103 MINES CREEK RD.		City ST. PAULS	State N.C.	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name LARRY D. DAVIS		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 68 MINES CREEK RD.		Name of Corporation (if appointed legal guardian)		
City ST. PAULS	State N.C.	Zip Code 28384	Requestor's Phone 910-827-9988	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

7-21-18

Date

X Larry D. Davis 7-21-18

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

AUG 22 2018

TIME _____ REC'D BY _____
ELIZABETH CO. BOE. OF ELECTIONS

TO: BLADEN COUNTY BOARD 1405 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS	First Name LARRY	Middle Name DEAN	Suffix MR	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 68 mines Creek Rd		Mailing Address (If different than home address.)		
City TARHEEL	State NC	Zip Code 28384	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence: Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (or see instructions) NC License and Number X X X - X X [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 68 mines Creek Rd	City ST. Pauls	State NC	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

7-17-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. ED. OF ELECTIONS

TO: BLADEN COUNTY BOARD 1406 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DAVIS</u>	First Name <u>Linda</u>	Middle Name <u>Pate</u>	Suffix <u>MRS.</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>68 Mines Creek Rd</u>		Mailing Address (if different than home address.)		
City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>6/29/18</u>	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TIME: _____ REC'D BY: _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1407 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DAVIS</u>		First Name <u>CARL</u>		Middle Name <u>RICHARD</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>121 DAVIS FARM RD</u>				Mailing Address (If different than home address.)			
City <u>SAINT PAULS</u>		State <u>NC</u>	Zip Code <u>28384</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number				Voter Registration No. Optional		Phone (optional)	
SSN <u>XXX - XX</u>						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>121 DAVIS FARM RD</u>		City <u>SAINT PAULS</u>		State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-27-2018 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TIME _____ SEC BY _____
ELADEN CO. SO. OF ELECTIONS

TO: BLADEN COUNTY BOARD 0408062469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>INMAN</u>		First Name <u>JAMES</u>		Middle Name <u>RUDOLPH</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1705 E BROAD ST.</u>				Mailing Address (if different than home address.)			
City <u>ELIZABETHTOWN</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1011</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	
			Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
1-6-18 X
Date Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1409 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECD BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mitchell</u>		First Name <u>Felicia</u>		Middle Name <u>Ann</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>8140 NL Hwy 53 west</u>				Mailing Address (if different than home address.) <u>PO Box 843</u>			
City <u>WHITE OAK</u>		State <u>NC</u>	Zip Code <u>28399</u>	City <u>E-Town</u>		State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8140 NL Hwy 53 west</u>		City <u>ELIZABETHTOWN</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	
				Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7/3/2018
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Johnson</u>		First Name <u>Randy</u>		Middle Name <u>Lee</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>10008 NC Hwy 41E</u>				Mailing Address (if different than home address.)		
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number: <u>XXXXXXXX</u>			Optional			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>10008 NC Hwy 41E</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-11-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD 1411 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME RECD BY
BLADEN CO. SD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Grimes		First Name Laura		Middle Name Virginia		Suffix	Date of Birth
Home Address (NC Residential Address.) 44 Holiday Resort Lane				Mailing Address (if different than home address.) P.O. Box 1512			
City White Lake		State NC	Zip Code 28337	City Elizabethtown		State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1							
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]				Voter Registration No. Optional		Phone (optional) 910-874-3326	
						Email (optional) lauragrimes3326@gmail.com	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 1512		City Elizabethtown		State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

3/9/18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 22 2018

TIME _____ REC'D BY _____
BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1412-6P2469 40

Physical Address:
301 S Cypress St.
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Merritt</u>		First Name <u>Perry</u>		Middle Name <u>F</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>9034 Hwy 41 E</u>				Mailing Address (if different than home address.)	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX [REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>9034 Hwy 41 E</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent; <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] 11/8/2018
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TIME _____ RECEIVED BY _____
BLADEN CO. ED. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1413-672469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

40

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Merritt		First Name Kay		Middle Name F	Suffix	Date of Birth
Home Address (NC Residential Address) 9034 Hwy 41 E				Mailing Address (if different than home address.)		
City Harrells		State NC	Zip Code 28444	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN XXX - XX -				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 9034 Hwy 41 E				City Harrells	State NC	Zip Code 28444
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

8-7-2018 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. SO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 40

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Merritt</u>		First Name <u>Linda</u>		Middle Name <u>Gail</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>11719 Hwy 701 North</u>				Mailing Address (If different than home address.)		
City <u>Garland</u>		State <u>NC</u>	Zip Code <u>28441</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>11719 Hwy 701 North</u>		City <u>Garland</u>	State <u>NC</u>	Zip Code <u>28441</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

S

8-11-18 Signature of Near Relative/Legal Guardian (if applicable)

X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1415 of 2469 (40)
Physical Address
301 S Cypress St
Elizabethtown NC
28337
Mailing Address
PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Carter</u>	First Name <u>Ralph</u>	Middle Name <u>Chancy</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>6504 US Hwy 701 N.</u>			Mailing Address (if different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> / / </u>			County of Residence <u>Bladen</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (or Requestor) X 6-28-18 Date
Signature of Near Relative/Legal Guardian (if applicable) X _____ Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TIME _____ REC'D BY _____
CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1416 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CLIFTON</u>		First Name <u>Timothy</u>		Middle Name <u>LEON</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>408 WHITE LAKE DR</u>				Mailing Address (if different than home address.) <u>PO Box 1308</u>		
City <u>WHITE LAKE</u> <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>[REDACTED]</u> <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1308</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature [REDACTED] (y) Signature of Near Relative/Legal Guardian (if applicable)
X 6/28/18 X
Date Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 29 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1417 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

RECEIVED BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Carter</u>	First Name <u>Helen</u>	Middle Name <u>Sonyia</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>6504 US Hwy 701 N.</u>			Mailing Address (If different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>			County of Residence <u>Bladen</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>000000</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED] 10-28-18 X [REDACTED]
Date Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TIME _____ REC'D BY _____
BLADEN CO. SO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1418-012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name CRAVEN		First Name Lisa		Middle Name B	Suffix [REDACTED]
Home Address (NC Residential Address) 16 LEE ST WH LAKE				Mailing Address (if different than home address) 7272 POB	
City Wh Lake		State NC	Zip Code 28337	City Wh Lake	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1		Voter Registration No. [REDACTED]		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions)		[REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P-B 7272		City Wh Lake	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) X [REDACTED]	Signature of Near-Relative/Legal Guardian (if applicable) X [REDACTED]
Date 7-8-18	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TIME _____ REC'D BY _____
BLADEN CO. SO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1419-01-2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>CAROLYN</u>		Middle Name <u>ANN</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>8887 Hwy 41 E</u>				Mailing Address (If different than home address.)			
City <u>Harrells</u>		State <u>N.C.</u>	Zip Code <u>28444</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No. <u>XXXXXXXXXX</u>		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions). NC License or ID Number: <u>XXXXXXXXXX</u>				SSN: <u>XXXXXXXXXX</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8887 HWY 41 E</u>		City <u>HARRELLS</u>	State <u>N.C.</u>	Zip Code <u>28444</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

8-4-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

11/28/18

TO: BLADEN COUNTY BOARD OF ELECTIONS
1420 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

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RECEIVED BY
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McDonald	John	Lee		
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)		
200 S. Main St.		200 S. Main St.		
City	State	Zip Code	City	State Zip Code
Elizabethtown	NC	28337	Elizabethtown	NC 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: 1/1/18		Elizabethtown		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number SSN				
X X X - X X				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
200 S. Main St.		Elizabethtown	NC	28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
200 S. Main St.				
City	State	Zip Code	Requestor's Phone	Requestor's Email
Elizabethtown	NC	28337		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 28 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1421 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

RECEIVED
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Merritt</u>	First Name <u>Amy</u>	Middle Name <u>Elizabeth</u>	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>8906 NC Hwy 41 East</u>		Mailing Address (If different than home address.) <u>8906 NC Hwy 41 East</u>			
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			County of Residence <u>Bladen</u>		Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. National <u>0000002400</u>	Phone (optional) <u>910 876 3325</u>	Email (optional) <u>amemibm@yahoo.com</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8906 NC Hwy 41 East</u>		City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7-5-2018

X

Date

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-08-22 2:21PM	9	17	9516

Scan Date/Time: 2018-08-22 2:21PM

Batch Number: 9

Batch Size: 8

Source Code: 17

Batch ID: 9516

Operator: cwilliams

McCra Daniels
8-22-2018



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

1424 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME 12:00 PM
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Meritt</u>	First Name <u>Christie</u>	Middle Name <u>Moody</u>	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>3715 US Hwy, 701M,</u>		Mailing Address (If different than home address.) <u>P.O. Box 1108</u>			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			County of Residence <u>Bladen</u>		Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1108</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

07/18/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 23 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. ED. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Merritt</u>		First Name <u>IVY</u>		Middle Name <u>Benjamin</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>8906 NC Hwy 41 East</u>				Mailing Address (if different than home address.) <u>8906 NC Hwy 41 East</u>		
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. <u>0000032097</u>		Phone (optional) <u>910 876 3325</u>	Email (optional) <u>aemibm@yahoo.com</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8906 NC Hwy 41 East</u>		City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (or Requestor) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-5-2018</u>	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

11/22/18

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Merritt</u>		First Name <u>Lauren</u>		Middle Name <u>Traci</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>8906 NC Hwy 41 East</u>				Mailing Address (if different than home address.) <u>8906 NC Hwy 41 East</u>		
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/18</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. <u>000000058065</u>	Phone (optional) <u>910 876 3325</u>	Email (optional) <u>gemibone@yahoo.com</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8906 NC Hwy 41 East</u>		City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>11-5-2018</u>	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME: 1:22 PM
FROM BY:
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Merritt-Smith</u>	First Name <u>Tina</u>	Middle Name <u>Gayle</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>9074 NC Hwy 41 East</u>		Mailing Address (if different than home address.)		
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional) <u>9108262549 tgmgo@yahoo</u>
SSN <u>XXX - XX - [REDACTED]</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>9074 NC Hwy 41 East</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

8-1-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ RECD BY _____
BLADEN CO. ED. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Smith</u>	First Name <u>Branca</u>	Middle Name <u>Lynn</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>9074 Hwy 41 E</u>		Mailing Address (If different than home address.)		
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>9074 Hwy 41 E</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-5-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

40

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Blackmon</u>	First Name <u>Donald</u>	Middle Name <u>ELVIS</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address): <u>3715 US Hwy. 701-N.</u>		Mailing Address (If different than home address): <u>P.O. Box 1108</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX [REDACTED]</u>		Voter Registration No. <u>Civilian</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): <u>P.O. Box 1108</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home, or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

[REDACTED]

8/6/18

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Burton</u>	First Name <u>Butch</u>	Middle Name <u>Raven</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>9004 NC Hwy 41 E</u>		Mailing Address (If different than home address.)		
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1 / 1</u>		County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>9004 NC Hwy 41 East</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8/6/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ SECURITY _____
BLADEN CO. ED. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Burton</u>		First Name <u>Donna</u>		Middle Name <u>Gayle</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>9004 NC HWY 41 E</u>				Mailing Address (If different than home address.)		
City <u>Narrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>			Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>9004 NC HWY 41 E</u>		City <u>Narrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8/5/18

X

Date

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-27 12:20PM	8	17	9911

Scan Date/Time: 2018-10-27 12:20PM
Batch Number: 8
Batch Size: 11
Source Code: 17
Batch ID: 9911
Operator: cwilliams



Exhibit 4.2.3.1.2

Elizabethtown, NC 28337

PHONE: 910-862-4433 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKIN</u>		First Name <u>Sadie</u>		Middle Name <u>J.</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>208 Mercer mill Rd</u>				Mailing Address (If different than home address.) <u>208 Mercer mill Rd</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX - [REDACTED]</u>			Voter Registration No. <u>Bladen</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian) <u></u>		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

<u>X</u> [Signature] Date <u></u>	Signature of Relative/Near Guardian (if applicable) <u>X</u> [Signature] Date <u></u>
--------------------------------------	---

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512 1434 of 2469
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name PRIEST	First Name MAXINE	Middle Name THOMPSON	Suffix	Date of Birth
Home Address (NC Residential Address.) 510 N SINGLETARY ST		Mailing Address (If different than home address.)		
City CLARKTON	State NC	Zip Code 28433	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence BLADEN	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]		Voter Registration No. 000000018585	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email TIME ____ REC'D BY ____ BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 16, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name MCEACHERN		First Name ZELDA		Middle Name RUTH	Suffix
Home Address (NC Residential Address.) PO BOX 773			Mailing Address (If different than home address.)		
City CLARKTON	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XX X - XX - [REDACTED]			Voter Registration No. 000000000	Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 773		City Clarkton	State NC
Zip Code 28433			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name O. Lynn McEachern	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input checked="" type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address P.O. Box 773		Name of Corporation (if appointed legal guardian)	
City Clarkton	State NC	Zip Code 28433	Requestor's Phone (910) 876-5500
		Requestor's Email olmceachern@gmail.com	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address BLAISEN CO. BO. OF ELECTIONS

Signature of Voter [REDACTED]	Signature of Near Relative/Guardian (if applicable) O. Lynn McEachern
Date 10/24/18	Date 10-24-18

v2013.11

Visit www.ncsbe.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27254 1436 of 2469
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-013
elections,sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>	First Name <u>Lula</u>	Middle Name <u>Johnson</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>733 Chicken Foot Rd</u>		Mailing Address (If different than home address.)		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u> </u>		Voter Registration No.	Phone (optional)	Email (optional)
SSN <u>XXX - XX -</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>733 Chicken Foot Rd.</u>		City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

NOV 27 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address:

Signature

Signature of Near Relative/Guardian (if applicable)

10/23/18
Date

X

Date

You can request a new absentee ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

Exhibit 4.2.3.1.2

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0111
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jackson</u>	First Name <u>Denise</u>	Middle Name <u>W</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>706 Chestnut St Apt 19</u>		Mailing Address (if different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u></u>
If "No," indicate the date of your move: <u>/ /</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X -</u>		Voter Registration No. <u></u>	Phone (optional) <u></u>
		Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>318 TACSON DR</u>	City <u>Fayetteville</u>	State <u>N.C.</u>	Zip Code <u>28305</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u></u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name (First) (Middle) (Last) (Suffix) <u></u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>	Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>
		Requestor's Email <u></u>	

RECEIVED
OCT 27 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Near Relative/Guardian (if applicable)

10-23-18 X
Date

Date

Visit www.NCSBE.gov if any of the pre-printed information above is incorrect.
Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27256, 1438 of 2469
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-013
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Smoak	First Name Margie	Middle Name M.	Suffix
Home Address (NC Residential Address.) 11591 NC 41 Hwy W		Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]		Voter Registration No.	Phone (optional) 910-648-4692
SSN X X X - X X - [REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 11591 Hwy 41 W.		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian) 67 2010			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X

10-23-18

X

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0100

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General
Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-18

Election Date

Voter Information

Last Name

Dove

First Name

Edison

Middle Name

Suffix

Date of Birth

Home Address (NC Residential Address.)

382 Guyton Rd.

Mailing Address (if different than home address.)

City

Bladenboro

State

N.C.

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move: 1/1/

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.

57561

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

382 Guyton Rd.

City

Bladenboro

State

N.C.

Zip Code

28320

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☒ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Name of Corporation (if appointed legal guardian)

Requestor's Address

City

State

Zip Code

Requestor's Phone

Requestor's Email

RECEIVED

OCT 27 2018

REC'D BY

BLADEN CO. SO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

OCT 24 2018

Signature of Voter (voter only)

X

Signature of Near Relative/Guardian (if applicable)

10-22-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-06-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Little</u>	First Name <u>Rodney</u>	Middle Name <u>Eric</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>4816 Twisted Hickory Rd</u>		Mailing Address (If different than home address.) <u>PO Box 604</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Dublin</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)			Voter Registration No. <u>00000026588</u>	Phone (optional)
			Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 604</u>		City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>TIME REC'D BY: OCT 27 2018</u> <u>BLADEN CO. RD OF ELECTIONS</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter <u>[Signature]</u>	Signature of Near Relative/Guardian (if applicable) <u>10-18-18X</u>
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

1441 of 2469
NC STATE BOARD OF ELECTIONS

P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0111
elections.sboe@ncsbe.gov

1. **FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.**

I am requesting an absentee ballot for the: Midterm Election on November 6th
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mote</u>	First Name <u>Jonathan</u>	Middle Name <u>Edward</u>	Suffix <u>Mr.</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1004 Storms rd</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX - XX - [REDACTED]</u>		Voter Registration No. <u>Optional</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>207 Westwood Pl</u>		City <u>Asheville</u>	State <u>NC</u>	Zip Code <u>28806</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone No. or	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature

X

Signature of Near Relative/Guardian (if applicable)

10-17-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-06-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tatum</u>		First Name <u>Virginia</u>		Middle Name <u>Mae</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>549 Hwy. 410 Apt. 8-B</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX [REDACTED]</u>			Voter Registration No. <u>000000051756</u>		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Virginia Mae Tatum</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian)		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>[REDACTED]</u>	Signature of Near Relative/Guardian (if applicable) <u>[REDACTED]</u>
Date <u>10-18-18</u>	Date <u>X</u>

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: MID-TERM on NOV. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Last Name HUFHAM		First Name MARGUERITE		Middle Name LEWIS		Suffix		Date of Birth	
Home Address (NC Residential Address.) 231 MITCHELL FORD ROAD				Mailing Address (If different than home address.) P.O. BOX 345					
City CLARKTON		State NC	Zip Code 28433	City CLARKTON		State NC	Zip Code 28433		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN		Previous Name (if applicable)			
If "No," indicate the date of your move: 1/1									
You must provide at least one identification number below. (or see instructions) NC license or ID Number XXX-XX-				Voter Registration No. 01102		Phone (optional)		Email (optional) ---	

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 345		City CLARKTON		State NC		Zip Code 28433	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State		Zip Code		Requestor's Phone	
						Requestor's Email	

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X

10-19-18
Date

X

Dät

Scan Date	Batch Number	Source Code	Batch ID
2018-10-26 4:53PM	13	17	9903

Scan Date/Time: 2018-10-26 4:53PM

Batch Number: 13

Batch Size: 1

Source Code: 17

Batch ID: 9903

Operator: cwilliams



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 27 2018

EXHIBIT 4.2.3.1.2

1446 of 2469

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Melvin</u>	First Name <u>Patricia</u>	Middle Name <u>Melvin</u>	Suffix	Date of Birth <u>[REDACTED]</u>	
Home Address (NC Residential Address) <u>859 River Rd</u>		Mailing Address (If different than home address) <u>959 Dewitt Gooden Rd</u>			
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX - [REDACTED]</u>			Voter Registration No.		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>David Richard Gooden</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input checked="" type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>959 Dewitt Gooden Rd</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X

X

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

Scanned Batch Cover Sheet

2018-10-25 12:44PM

Exhibit 4.2.3.1.2

1448 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-25 12:44PM	8	17	9884

Scan Date/Time: 2018-10-25 12:44PM

Batch Number: 8

Batch Size: 19

Source Code: 17

Batch ID: 9884

Operator: cwilliams



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Kelly</u>	First Name <u>David</u>	Middle Name <u>G</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>3332 Old Abbottsburg Rd</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>/ /</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	TIME <u>10:15 AM</u>	REC'D BY <u>BLADEN CO. CL. OF ELECTIONS</u>	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address	Name of Corporation (if appointed legal guardian)					
City	State	Zip Code	Requestor's Phone	Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

8-23-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown, NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bryan</u>	First Name <u>Francis</u>	Middle Name <u>Renee</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1902 Horseshoe Rd.</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (for see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-26-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

PID

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jones</u>		First Name <u>Allison</u>		Middle Name <u>Nicole</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>3539 N. Mitchell Ford Rd</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Clanton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>/ /</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Bladen Co, NC</u>	State <u>NC</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

8-1-2018



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1452 of 2469

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Johnson	Tyler	S		
Home Address (NC Residential Address.)			Mailing Address (if different than home address.)	
41 Butter Church Rd				
City	State	Zip Code	City	State
Bladenboro	NC	28320		
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: / /			Previous Name (if applicable)	
You must provide at least one identification number below. (for see instructions)			Voter Registration No.	
NC license or ID Number			Optional	
X X X - X X -			Phone (optional)	
			Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship		
		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature (Voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

B-C-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jones</u>	First Name <u>Brandon</u>	Middle Name <u>Lee</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>3539 N. Mitchell Ford Rd</u>			Mailing Address (if different than home address.)	
City <u>Claxton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)
NC License or ID Number SSN <u>X X X - X X -</u>				Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

<u>X</u>	<u>8-1-18</u>	<u>X</u>
Date	Date	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Storms</u>		First Name <u>Willard</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>2434 Gupton Rd</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below, for see instructions! NC License or ID Number <u>X X X - X X -</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-12-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>West</u>		First Name <u>Megan</u>		Middle Name <u>Victoria</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>123 Stepfies Way</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28520</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>SSN</u> <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>ELIZABETHTOWN, NC</u>	State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-31-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1456 of 2469 15

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DAI</u>	First Name <u>Bruce</u>	Middle Name <u>De Hen</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>271 Bethel Church Rd</u>			Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28382</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional) <u>[REDACTED]</u>
			Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Bladen Co. Bd. of Elections</u>	State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address: **202**
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Dove		First Name Edison		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 382 Guyton Rd				Mailing Address (If different than home address.)		
City Bladenboro		State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: ____/____/____				Previous Name (if applicable)		
You must provide at least one identification number below. (for see instructions) NC License or ID Number X X X - X X				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. CP ELECTIONS <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X**8-6-18**
Date**X**

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1458 612469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsb.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edwards</u>		First Name <u>Joy</u>		Middle Name <u>Lynn</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>26 Hummed Green Log Rd</u>				Mailing Address (If different than home address.)			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____				County of Residence		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) <small>NC License or ID Number</small> <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional		Phone (optional) <u>[REDACTED]</u>	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name					
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	Requestor's Phone	
				Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-10-18
Date

[Signature]
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edwards</u>	First Name <u>Rufus</u>	Middle Name <u>B</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>439 Oak Grove Ch Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)	Email (optional)
NC License or ID Number	SSN <u>XXX - XX</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Bladen Co. Board of Elections</u>	State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P10

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Fowler</u>		First Name <u>Bonnie</u>		Middle Name <u>Canady</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>3458 Mitchell Ford Rd.</u>				Mailing Address (If different than home address.)		
City <u>Clarkton</u>	State	Zip Code <u>28433</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u> [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code															
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan																			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," what is the name and address of the hospital or facility:																			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <table border="0"> <tr> <td><input type="checkbox"/> spouse</td> <td><input type="checkbox"/> brother/sister</td> <td><input type="checkbox"/> parent</td> <td><input type="checkbox"/> grandparent</td> <td><input type="checkbox"/> stepparent</td> </tr> <tr> <td><input type="checkbox"/> child</td> <td><input type="checkbox"/> grandchild</td> <td><input type="checkbox"/> stepchild</td> <td><input type="checkbox"/> mother-in-law</td> <td><input type="checkbox"/> father-in-law</td> </tr> <tr> <td><input type="checkbox"/> son-in-law</td> <td><input type="checkbox"/> daughter-in-law</td> <td><input type="checkbox"/> legal guardian</td> <td colspan="2"></td> </tr> </table>					<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent															
<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law															
<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian																	
Requestor's Address		Name of Corporation (if appointed legal guardian)																	
City	State	Zip Code	Requestor's Phone	Requestor's Email															

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
Current Address (Address where you are currently stationed or living overseas.)		

Sig [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
7-30-18 X
 Date Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gaulton</u>		First Name <u>Moyd</u>		Middle Name <u>Tellie</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>7463</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence			
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)			
You must provide at least one identification number below. (or see instructions) [REDACTED] <u>XXX-XX-XXXX</u>			Voter Registration No. Optional			
[REDACTED]			Phone (optional) <u>910-862-6951</u>			
[REDACTED]			Email (optional)			

TIME _____ RECD BY _____
BLADEN CO. CLERK OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>7463 Bladenboro</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address.

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7-30-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1462 of 2469

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Harreison</u>		First Name <u>Clinton</u>		Middle Name <u>Bruce</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>7820 NC 131</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence			Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name:		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jackson</u>		First Name <u>Denette</u>		Middle Name <u>Bri H</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>3951 N Mitchell Ford Rd</u>				Mailing Address (if different than home address.)		
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No. <u>[REDACTED]</u> Optional		
				Phone (optional) <u>715</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	
				Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1464 812469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bordeaux</u>		First Name <u>NANCY</u>		Middle Name <u>Duncan</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address) <u>2238 Owen Hill Rd.</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX [REDACTED]</u>				Voter Registration No. Optional		Phone (optional) <u>[REDACTED]</u>	
						Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED] 8-1-18 X [REDACTED]
Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p25

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bright</u>	First Name <u>Hope</u>	Middle Name <u>Zanetta</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>7548 Mercer Mill Rd.</u>		Mailing Address (If different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number		Optional		
SSN <u>X X X - X X</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

1466 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name CONNOR	First Name EULA	Middle Name LEE	Suffix [REDACTED]
Home Address (NC Residential Address.) 156 SINGLETARY Mill Pond Rd		Mailing Address (if different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	City [REDACTED]
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: 1/1/		County of Residence	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC license or ID Number XXX - XX [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME	City BLADEN CO. CO. OF ELECTIONS	State NC	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

S. **[REDACTED]** Signature of Near Relative/Legal Guardian (if applicable)
X
Date _____ Date _____



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1467 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>	First Name <u>Dennis</u>	Middle Name <u>W</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2181 Guyton Rd.</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>/ /</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>SSN</u> <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (Optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/6/18 X

Date

Date

Scan Date	Batch Number	Exhibit 4.2.3.1.2 Source Code	1469 of 2469 Batch ID
2018-10-25 12:42PM	7	17	9883

Scan Date/Time: 2018-10-25 12:42PM
Batch Number: 7
Batch Size: 25
Source Code: 17
Batch ID: 9883
Operator: cwilliams



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
1470 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Pidgeon</u>	First Name <u>Phonda</u>	Middle Name <u>G</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>11233 Hwy 242 South</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u> Phone (optional) Email (optional) <u>[REDACTED]</u> <u>[REDACTED]</u> <u>[REDACTED]</u>		

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1101</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

10-13-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1471 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>mathis</u>		First Name <u>Deborah</u>		Middle Name <u>J</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1160 Sandy Ridge Rd</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> / / </u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. <u>152010</u>		Phone (optional)	
			Optional		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>DOBAY 792</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
8-4-18 X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gardner</u>	First Name <u>Alyssa</u>	Middle Name <u>N</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>201 Oliver lane</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>SSN</u> <u>X X X - X X [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

09-04-18 X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
1473 of 2469 P. 501
Physical Address
301 S Cypress St
Elizabethtown NC
28337
Mailing Address
PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Brammer</u>	First Name <u>Donald</u>	Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>908 W King St</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

9-4-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1474 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Burney</u>	First Name <u>Teresa</u>	Middle Name <u>A</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>7585 Hwy 53 West</u>		Mailing Address (if different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>/ /</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> <u>Libertarian</u> <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>8/31/18X</u>
Date <u>8/31/18</u>	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1475 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hudson</u>		First Name <u>Jimmy</u>		Middle Name <u>C</u>	Suffix <u>Sr</u>
Home Address (NC Residential Address.) <u>95 West Hester St</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: <u>/ /</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>[Signature]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8-30-18 X</u>
Date	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Shackley</u>	First Name <u>Dara</u>	Middle Name <u>R</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>4511 River Rd</u>		Mailing Address (If different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u> SSN <u>[REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>[REDACTED]</u>	State <u>NC</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

8-31-18 X
Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1477 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tatum</u>	First Name <u>Gregory</u>	Middle Name <u>Brooks</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2023 Sweet Home Church Rd</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> / / </u>		County of Residence Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u> [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> <u>Unaffiliated</u>		RECEIVED NOV 15 2018 CLERK OF ELECTIONS		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:		Non-partisan		
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter <u>X</u>	<u>8-26-18</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>	
	Date		Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1478 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name Huggins		First Name Teresa		Middle Name Lynn	Suffix	Date of Birth
Home Address (NC Residential Address.) 110 Devere Lane				Mailing Address (if different than home address.)		
City White Oak	State NC	Zip Code 28399		City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: / /				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		
NC License or ID Number		SSN		Phone (optional)		
X X X - X X		[REDACTED]		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 110 Devere Lane				City White Oak	State NC	Zip Code 28399
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name				Relationship to the voter:		
Requestor's Address				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
				<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
				Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone			
			Requestor's Email			
			TIME REC'D BY			
			BLADEN CO. BOE OF ELECTIONS			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter

X

Signature of Near Relative/Legal Guardian (if applicable)

X

8-22-18

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1479 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CAMACHO</u>	First Name <u>CLAUDIA</u>	Middle Name <u>J</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>128 GRAYS LN</u>		Mailing Address (If different than home address.)		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

S [Signature] Signature of Near Relative/Legal Guardian (if applicable)
8/22/18 X
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 14801692469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>matushin</u>	First Name <u>Jennifer</u>	Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>10987 South College St</u>			Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28333</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u> [REDACTED]			Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28333</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> <u>Libertarian</u> <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1481 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Williams</u>	First Name <u>Melissa</u>	Middle Name <u>Huff</u>	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>10987 S College St #2</u>		Mailing Address (If different than home address.)			
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		SSN <u>[REDACTED]</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

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p. 501

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Walters	Ted	A	Sr	
Home Address (NC Residential Address)		Mailing Address (if different than home address.)		
213 South Gillespie St Apt 12A				
City	State	Zip Code	City	State
Elizabethtown	NC	28337		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number		Optional		
X X X - X X				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same	1525		
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference:			
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-23-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1483 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Norman</u>		First Name <u>Joshua</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address) <u>68 Sholar rd</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>/ /</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>LOT 15 B31</u>	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference BY: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-23-18 X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1484 of 2469

Physical Address

301 S Cypress St

Elizabethtown NC

28337

Mailing Address

PO Box 512

Elizabethtown

PHONE: 910-862-6951

bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Cole		First Name Larry		Middle Name R	Suffix [REDACTED]
Home Address (NC Residential Address.) 6312 US701 South				Mailing Address (If different than home address.)	
City Elkington	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (For see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X	Signature of Near Relative/Legal Guardian (if applicable) X
Date	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Packer</u>		First Name <u>Edna</u>		Middle Name <u>F</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>194 W. Hester Street</u>				Mailing Address (If different than home address.)		
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) <small>NC License or ID Number SSN</small> <u>X X X - X X - [REDACTED]</u>				Voter Registration No. <small>Optional</small> <u>RECEIVED</u>	Phone (optional)	Email (optional)

OCT 15 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 214</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X 9-5-2018

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1486 of 2469 p. 25

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address:

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Clayton	Christie	L		
Home Address (NC Residential Address.)			Mailing Address (if different than home address.)	
1600 Clark Street				
City	State	Zip Code	City	State
Clarkton	NC	28433		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)
NC license or ID Number			Optional	Email (optional)
X X X - X X -				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 191	Clarkton	NC	28433
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address.

Signature

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1487 of 2469 P. 48

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Black</u>	First Name <u>Joey</u>	Middle Name <u>R</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>74 E Carolina Ave</u>		Mailing Address (If different than home address.)	
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X
[REDACTED]
9-7-18
DateX
Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
1488 of 2469
Physical Address: 301 S Cypress St
Elizabethtown NC 28337
Mailing Address: PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsb.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Black</u>	First Name <u>Ronnie</u>	Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address): <u>21 Holland Ave Lot 4</u>		Mailing Address (if different than home address):		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): <u>Same</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas):	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email. Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date	Date <u>9/4/18</u>



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
1489 of 2469 P. 40
Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Black</u>	First Name <u>Jessica</u>	Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>21 Holland Ave Lot 4</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Elizabethtown</u>	TIME REC'D BY BLADEN CO. BO. OF ELECTIONS	State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature (Voter) [REDACTED] Signature of Near Relative/Legal Guardian (if applicable) X
Date 9-4-18 Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1490 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PQ Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Martin</u>	First Name <u>Kenneth</u>	Middle Name <u>D</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>508 Chestnut St</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Bladenboro</u>	TIME <u>NOV 15 2018</u>	REC'D BY <u>BLADEN CO. BD. OF ELECTIONS</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X [REDACTED]

Date

9-5-18 X

Signature of Near Relative/Legal Guardian (if applicable)

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS **p.15**
1491-6P2469
Physical Address: 301 S. Cypress St., Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Grandy</u>	First Name <u>Jay</u>	Middle Name <u>J</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>8940 NCHW 131</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>SSN</u> <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>BLADEN CO. ED. OF ELECTIONS</u>	State <u>NC</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as: <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X9-5-18X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
1492 of 24697. 25
Physical Address
301 S Cypress St
Elizabethtown NC
28337
Mailing Address
PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jones</u>	First Name <u>Sandra</u>	Middle Name <u>S</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1161 W Hester St</u>		Mailing Address (if different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence Previous Name (if applicable)		
You must provide at least one identification number below, (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

TIME _____ RECEIVED BY _____
BLADEN CO. BOARD OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 214</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
(X) 11-5-18 X
Date Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

1493 of 2469

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address:

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Thompson	Bonnie	Hales		
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)	
2005 Horse Shoe Rd.				
City	State	Zip Code	City	State
Bladenboro	NC	28320		
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: / /			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. Optional	Phone (optional)
X X X - X X -				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-4-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-852-6951
bladen.boe@ncsbe.gov

FAX: 910-852-7820

P. 201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Deaver</u>	First Name <u>Kelly</u>	Middle Name <u>J</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>158 Dogwood Rd.</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)	Email (optional)
NC License or ID Number	SSN <u>X X X - X X</u>		<u>816</u>	

TIME REC'D BY
BLADEN CO. SD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>132 Dogwood Rd</u>		City <u>Bladenboro</u>	State	Zip Code
If voter is registered as unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8.23.18

X

Date

Date



Exhibit 4.2.3.1.2
AUTHORIZATION TO VOTE FORM
North Carolina
County of Bladen

ATV #

UNA Voter
Party

1495 of 2469

VR
PARTYPRIMARY
PARTY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

A Voter's Certification of Voting Qualifications

If

E

E
Pl
foTh
vi

Jordan ALLEN

Hilda ALLEN

307 Ivey St.
Bladenboro NC 28320

910-272-7687

Government Doc

in person,
acceptable

ADD ATV LABEL HERE

36527

I understand that, if I have moved from this address more than 30 days ago, it is a
I further certify that I have not voted in this election.

Jordan. allen @ncdps.gov

OFFICIAL'S INITIALS

B

Use this section to verify or change a voter's name or address in the registration records.)

Former

Name HILDA BRITTNEY ALLEN

Current

Name HILDA BRITTNEY ALLEN

Current

Address

307 IVEY STREET

BLADENBORO NC 28320

Mailing

Address

P.O. 352

BLADENBORO NC 28320

Have you lived here for 30 days or more? ☒ Yes ☐ No

If no, date moved?

1/1/11

DAYTIME PHONE NO.

X Hilda Brittny Allen
SIGNATURE OF VOTER**C****Election Day Transfer** (Use this section to send a voter from their old polling place to their new polling place after moving.)

This person is hereby authorized to vote in his/her precinct after executing this form.

Old Precinct #

P15

Name Of New Polling Place:

B-BOR 2

New Precinct #

P202

Address Of New Polling Place

BLADENBORO NC 28320

Party Affiliation On Record

X [Signature]
SIGNATURE OF PRECINCT OFFICIAL**D****Curbside Affidavit** (Affidavit of person voting outside voting place or enclosure.)

STATE OF NORTH CAROLINA, COUNTY OF

I, do solemnly swear (or affirm) that I am a registered voter in _____ precinct. That because of age or physical disability
I am unable to enter the voting place to vote in person without physical assistance. That I desire to vote outside the voting place or enclosure. I understand that a false
statement as to my condition will be in violation of North Carolina law.

DATE

VOTER ADDRESS

X

X

SIGNATURE OF VOTER

SIGNATURE OF PRECINCT OFFICIAL

OFFICIAL USE
ONLY

Station

Site

Voting Method

Transaction

Voting Date/Time

Operator Name

V2013.05



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

OCT 08 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name LEACH	First Name MARY	Middle Name EVA	Suffix	Date of Birth
Home Address (NC Residential Address.) 1605 MARTIN LUTHER KING DR.		Mailing Address (if different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence BLADEN	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]		Voter Registration No. 000000013501	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

10/5/18
Date

X

Date

Sent another Request Jan



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

OCT 10 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

TIME REC'D BY
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name JOHNSON	First Name VERNESSA	Middle Name ANN	Suffix	Date of Birth
Home Address (NC Residential Address.) 401 SWANZY RIDGE WAY # 104		Mailing Address (If different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence BLADEN	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: [REDACTED] SSN: X X X - X X - [REDACTED]		Voter Registration No. 000000048366	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: [REDACTED] <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED] X [REDACTED]
Date

[IQ LETTER]

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

BLADEN COUNTY BOARD OF ELECTIONS

Exhibit 42312
PO BOX 512

1499 of 2469

ELIZABETHTOWN, NC 28337

Phone: (910) 862-6951 • Fax: (910) 862-7820 • elections@bladenco.org

September 28, 2018

TO: VERNESSA ANN JOHNSON
401 SWANZY RIDGE WAY APT 104
ELIZABETHTOWN, NC 28337

RE: ABSENTEE BALLOT REQUEST
VOTER: VERNESSA ANN JOHNSON

We received your request for an absentee ballot for the 11/06/2018 GENERAL ELECTION. We are unable to issue absentee voting materials to the voter named above at this time because of the following reason:

**ID UPDATE INVALID: SOCIAL SECURITY NOT VALID PLEASE COME TO BOARD OF ELECTIONS
OFFICE TO VALIDATE ID**

The NC driver license or state-issued identification number, or the last four digits of your social security number provided on your absentee ballot request form could not be verified or confirmed.

Under state law, you must provide your NC driver license or state-issued identification number, or a copy of one of the following: (1) A current and valid photo identification; or (2) A document that shows the current name and residential address of the voter (e.g. a current utility bill, bank statement, government check, paycheck, or other government document). Please complete and sign the enclosed *State Absentee Ballot Request Form* and return the form to our office no later than 5:00 p.m. on 10/30/2018 - the last Tuesday prior to Election Day.

If you have any questions, you may contact your county board of elections at (910) 862-6951.



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

General Instructions

A person must be a registered voter in their North Carolina county of residence in order to request an absentee ballot. If not registered to vote in the proper county, a person must submit a voter registration application along with this form. Voter registration applications are available online at www.ncsbe.gov. The deadline to register to vote is 25 days prior to the date of the election.

Completing the Form

The voter's full name, residential address, date of birth and an identification number (see Proof of Identification below) must be provided on this form. This information will be used to confirm your voter registration. In addition, this form must be signed by the voter or the voter's near relative or qualified legal guardian.

Who may make a request for an absentee ballot

Either the voter or the voter's near relative or qualified legal guardian may request an absentee ballot. A "near relative" is defined as the voter's spouse, brother, sister, parent, grandparent, child, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, stepparent, or stepchild.

Who may not make a request for an absentee ballot

If a registered voter is a patient in any hospital, clinic, nursing home or rest home in this State, it is unlawful for any owner, manager, director, employee, or other person, other than the voter's near relative or verifiable legal guardian, to request an absentee ballot on behalf of the voter. The voter's county board of elections should be contacted if a voter in a hospital, clinic, nursing home or rest home in this State needs assistance requesting or voting an absentee ballot.

Updating Voter Information

This form may also serve as a voter change form; however, changes in voter registration may only be made by the voter.

Proof of Identification

If the voter's identification number (NC driver license number, NC DMV-issued identification card number, or last four digits of social security number) is not provided, then provide with this request a copy of a document that shows the name and residential address of the voter: a current utility bill, bank statement, government check, paycheck, or other government document.

Ballot Availability

Absentee balloting materials are mailed to voters once ballots for an election are available. For most elections, ballots will be available 50 days prior to the date of the election. Absentee ballots are available 60 days prior to the date of a statewide general election and 30 days prior to the date of a city or municipal election.

Submitting the form

Submit this form to the County Board of Elections no later than 5:00 p.m. on the Tuesday before the date of the election.

Address: Bladen County Board of Elections
Po Box 512
Elizabethtown, NC 28337

Email: elections@bladenco.org

Fax: (910) 862-7820

This form may be mailed, faxed, emailed, or delivered in person. Visit www.ncsbe.gov to check the status of your absentee request.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1502 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mitchell</u>		First Name <u>James</u>		Middle Name <u>H.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>3371 Cromartie Pk.</u>				Mailing Address (if different than home address.) <u>3371 Cromartie Pk.</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1503 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FILED BY
BLADEN COUNTY BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mitchell</u>	First Name <u>Shane</u>	Middle Name <u>G.</u>	Suffix <u></u>	Date of Birth <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>3371 Cromartie Rd</u>			Mailing Address (If different than home address.) <u>PO Box 864</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable) <u></u>
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>SSN</u> <u>X X X - X X [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

<u>X [REDACTED]</u> Date <u>8-27-2018</u>	<u>X [REDACTED]</u> Date <u></u>
--	-------------------------------------



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1504 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME: _____ REC'D BY: _____

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Williams	makayla	D		
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)		
152 Burden Road				
City	State	Zip Code	City	State Zip Code
Tarheel	NC	28390		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: / /				
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number		Optional		
X X X - X X				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-05 3:37PM	15	17	9683

Exhibit 4.2.3.1.2 1506 of 2469

Scan Date/Time: 2018-10-05 3:37PM
Batch Number: 15
Batch Size: 26
Source Code: 17
Batch ID: 9683
Operator: ewilliams

Brought in By Mr. Cogdell
du
10-5-2018



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1507 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Thurman		First Name Gean Jean		Middle Name	Suffix
Home Address (NC Residential Address.) 200 Edwards St				Mailing Address (if different than home address.)	
City Clarkton	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[Redacted Signature]

8/28/18

X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1508 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Howard</u>	First Name <u>La Donna</u>	Middle Name <u>Chanel</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1209 martin Luther King Dr</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions): NC License or ID Number <u>XXX-XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18 X
Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 06 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1509 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Bachel</u>		First Name <u>Erica</u>		Middle Name <u>Remy</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>613 River Rd</u>				Mailing Address (if different than home address.) <u>Same</u>			
City <u>Whiteoak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>06/05/2018</u>				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED] _____ S-26-18 X _____
Date Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1510 OF 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

BLADEN CO. BO. OF ELECTIONS

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKiver</u>		First Name <u>Margarette</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>511 Slingsby St</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X
Date

Signature of Near Relative/Legal Guardian (if applicable)

2/28/18 X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 03 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1511 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lee</u>	First Name <u>Morris</u>	Middle Name <u>Cornelia</u>	Suffix <u>loss</u>	Date of Birth <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>653 Booker T Washington Rd</u>		Mailing Address (If different than home address.) <u>PO Box 631</u>			
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>		Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX-</u>		Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8/28/18</u>	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1512 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Williams	Destiny	Linda	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
4022 Peanut Plant Rd			
City	State	Zip Code	City
Elizabethtown	NC	28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number		Optional	Email (optional)
X X X - X X -			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
4022 Peanut Plant Rd		Elizabethtown	NC	28337
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sig	Signature of Near Relative/Legal Guardian (if applicable)
Date	Date
08/28/18	X



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1513 OF 2469

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RES'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Smith

First Name

Daisy

Middle Name

Ms. Dowell

Suffix

Home Address (NC Residential Address.)

407 Della Street

Mailing Address (If different than home address.)

314 Cedar Street

City

Elizabethtown

State

NC

Zip Code

28337

City

Elizabethtown

State

NC

Zip Code

28337

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1514 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name MATHIS		First Name CAROLYN		Middle Name A	Suffix [REDACTED]
Home Address (NC Residential Address.) 907 Fox St P.O.				Mailing Address (If different than home address.) P.O. Box 364	
City Elizabethtown	State N.C.	Zip Code 28337		City [REDACTED]	State [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: 1-1				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X [REDACTED]				Voter Registration No. Optional	Phone (optional) [REDACTED]
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

S: [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
8/28/18 X
Date _____ Date _____



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1515 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name McKoy	First Name David	Middle Name E	Suffix
Home Address (NC Residential Address.) 8890 Highway 53 west		Mailing Address (if different than home address.)	
City White Oak	State	Zip Code	City
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1			
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X -		Voter Registration No. Optional	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-27/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1516 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Howie</u>		First Name <u>Sennifer</u>		Middle Name <u>D</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>504 ASH ST</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number below. (or see instructions) NIC License or ID Number <u>X X X - X X [REDACTED]</u>			Voter Registration No. Optional <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

S [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
9/22/18 X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

08/05/18

TO: BLADEN COUNTY BOARD OF ELECTIONS
1517 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Mitchell</u>	First Name <u>Frederick</u>	Middle Name	Suffix
Home Address (NC Residential Address) <u>504 ASH ST</u>		Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>		Voter Registration No. Optional	Phone (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>[Redacted]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8/26/18</u>	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1518 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lloyd</u>		First Name <u>Tyra</u>		Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>8444 NC Hwy 53 W</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28394</u>	City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28394</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Phone (optional) <u>[REDACTED]</u>		
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>11/26/18</u>	Date <u>11/26/18</u>



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 06 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1519-0P2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name GAINSY		First Name Anthony		Middle Name J	Suffix [REDACTED]
Home Address (NC Residential Address) 250 Edgewood St				Mailing Address (if different than home address.) [REDACTED]	
City Clarkton	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X **[REDACTED]**

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1520 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Myra</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>104 Fletcher Johnson Rd</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX - [REDACTED]</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
8-22-2018 X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1521 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. CLERK OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Bordeaux	First Name James	Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 2010 Tar Heel Ferry Rd		Mailing Address (If different than home address.)		
City White Oak	State NC	Zip Code 28399	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number [REDACTED]		SSN XXX - XX -		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8/23/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1522 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
COUNTY CLERK OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Purdie</u>		First Name <u>Suanita</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>141 BCM Rd</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>				Voter Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1523 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

RECEIVED BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lewis</u>	First Name <u>Gwendolyn</u>	Middle Name	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>2068 Tar Heel Ferry Rd</u>		Mailing Address (If different than home address.) <u>P.O. Box 122</u>			
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX X - XX</u>			Voter Registration No. Optional [REDACTED]		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X [REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1524 of 2469

Physical Address:
301 S. Cypress St.
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Purdie</u>		First Name <u>James</u>		Middle Name <u>D.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>6690 Johnson Town Rd.</u>				Mailing Address (if different than home address.) [REDACTED]		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>				Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8/25/18</u> <u>X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 06 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1525 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name MONROE		First Name Dame		Middle Name B	Suffix
Home Address (NC Residential Address.) 88 Sammy Lane				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NIC License or ID Number X X X - X X			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

TO: BLADEN COUNTY BOARD 526 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS C FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

First Name

Middle Name

Suffix

Home Address (NC Residential Address.)

Mailing Address (If different than home address.)

City

State

Zip Code

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF SUPERVISORS 1527-012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECD BY _____
BLADEN CO. SO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Turner	First Name Demeka	Middle Name Shawna	Suffix	Date of Birth
Home Address (NC Residential Address.) 390 twisted Hickory Rd Apt 13		Mailing Address (if different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)	
You must provide at least one identification number below. (for son instructions) NO license or ID Number DATE X X X - X X			Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1528 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME: _____ REC'D BY: _____
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ward</u>		First Name <u>Montrell</u>		Middle Name <u>D</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>813 Fox St</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address:	

Signature of Voter (voter only)

X [REDACTED]

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

03 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1529 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Donkows</u>		First Name <u>Ledell</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>813 Fox St</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>			Voter Registration No. (Optional)		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1530-6P2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FILED BY
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Mauhsby	First Name Clarence	Middle Name C	Suffix	Date of Birth
Home Address (NC Residential Address) 1206 Daisy St.		Mailing Address (if different than home address):		
City Elizabethtown	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX -		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1531 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Denkins</u>	First Name <u>Tina</u>	Middle Name <u>S</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>813 Fox St</u>		Mailing Address (If different than home address.) [REDACTED]		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Blad</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u> [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u> [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8-30-18</u>	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1532 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

RECEIVED BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cowan</u>	First Name <u>Terrance</u>	Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>92 Sand Pit Rd</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8/30/18 X</u>
Date [REDACTED]	Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-05 1:57PM	9	17	9677

Exhibit 4.2.3.1.2
1534 of 2469

Scan Date/Time: 2018-10-05 1:57PM
Batch Number: 9
Batch Size: 50
Source Code: 17
Batch ID: 9677
Operator: cwilliams

Brought in by Mr. Cogdell
10/5/2018
CLR



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1535 of 2469

Physical Address:
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McAllister</u>		First Name <u>Vickie</u>		Middle Name <u>G</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2535 Hwy 242 N</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8/27/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1536 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Council	First Name Lair	Middle Name F.	Suffix [REDACTED]
Home Address (NC Residential Address) 154 Clem Council Rd		Mailing Address (if different than home address.) [REDACTED]	
City White Oak	State NC	Zip Code 28399	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/			
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED]

8-27-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 423.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1537 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Council</u>	First Name <u>Robert</u>	Middle Name	Suffix <u>JR</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>154 Clem Council Rd.</u>		Mailing Address (if different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC license or ID number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

<u>X</u> [REDACTED]	<u>8-27-2018</u> X
Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1538 of 2469

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

RECEIVED BY
BLADEN CO. BOE OF ELECTIONS
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Autry</u>	First Name <u>Hazel</u>	Middle Name <u>J.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>137 Avenue Ave.</u>		Mailing Address (if different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28394</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional <u>Bla</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1539 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hines</u>		First Name <u>Shanta</u>		Middle Name <u>Sharbel</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1199 Elkton Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below: (or see instructions) NC License or ID Number <u>34040018</u>				Email (optional)		[REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing <u>outside</u> the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sig [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
Date 08/27/2018 X Date [REDACTED]



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1540 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

READ BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Johnson</u>		First Name <u>Rodger</u>		Middle Name <u>Lebell</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>7364 Old Fayetteville Rd</u>				Mailing Address (If different than home address.)			
City <u>Garland</u>		State <u>NC</u>	Zip Code <u>28441</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX - XX - [REDACTED]</u>				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
			<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address			<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
			Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sig [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
Date 8/27/18 X Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

037052018

TIME _____ RECEIVED BY _____
BLADEN CO. BOE. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1541 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Carter</u>		First Name <u>Myrtle</u>		Middle Name <u>T.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>119 Hayes McKay Rd.</u>				Mailing Address (If different than home address.) <u>P.O. Box 179</u>		
City <u>Et. White Oak</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC license or ID Number <u>X X X - X X</u> [REDACTED]				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED]

8-27-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1542 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gill</u>		First Name <u>Laronda</u>		Middle Name <u>EG</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>205 E Gill St</u>				Mailing Address (If different than home address.) <u>PO Box 2652</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>			Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas):	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

<u>X</u> <u>8/27/18</u> Date	<u>X</u> Date
------------------------------------	------------------



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

NOV 05 2018

TIME _____ RECD BY _____
BLADEN CO. BOE. ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1543 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Yolanda</u>		First Name <u>McKoy</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>208 Scrimson St.</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1544 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name SCOTT	First Name Monarcia	Middle Name H.	Suffix	Date of Birth
Home Address (NC Residential Address.) 18 Mcadam DR.		Mailing Address (If different than home address.) PO Box 2094		
City Elizabethtown	State	Zip Code	City Elizabethtown	State NC Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) X	Signature of Near Relative/Legal Guardian (if applicable) X
Date 8-27-2018	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1545 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dove</u>	First Name <u>Kalisha</u>	Middle Name <u>Tina</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>808 Fox St</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u> [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Sig [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
Date 8/27/18 X Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1546 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Autry</u>	First Name <u>Bobby</u>	Middle Name <u>L.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>137 Ave. Ave.</u>		Mailing Address (if different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED]

8-27-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TIME _____ RECD BY _____
CLERK CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1547 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 5, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Carpenter</u>		First Name <u>Vivia Vivian</u>		Middle Name <u>D.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>81 Hayes McKoy Rd</u>				Mailing Address (if different than home address.) <u>P.O. Box 73</u>		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional [REDACTED]		Phone (optional) [REDACTED]	
					Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No.				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
Date 8-27-2018 X Date _____



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1548 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 5, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Bernard</u>		Middle Name <u>B.</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>3395 Cromartie Rd</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX X - X X</u>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

TO: BLADEN COUNTY BOARD OF ELECTIONS
1549 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mickoy</u>		First Name <u>Jason</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>3395 Cromartie Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

8/27/18
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
OCT 06 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1550 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKiver</u>	First Name <u>Crystal</u>	Middle Name <u>S</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>41 Plumtree Lane</u>		Mailing Address (If different than home address.) <u>P.O. Box 662</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u></u>
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Driver Registration No. Optional <u></u>	Phone (optional) <u></u>
		Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (If appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1551 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Rogers</u>		First Name <u>Lori</u>		Middle Name <u>Jequise</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1510 MLK DR</u>				Mailing Address (If different than home address.) <u>P.O. Box 1606</u>			
City <u>E-TOWN</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>E-TOWN</u>		State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address:	

Sig [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
Date 8/27/18 X Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1552 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME: 10:00 AM
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MUND</u>	First Name <u>April</u>	Middle Name <u>A.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>552 means LN</u>		Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

S [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
8-27-2018 X
Date Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

11/05/18

TO: BLADEN COUNTY BOARD OF ELECTIONS
1553 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECD BY _____
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Whittington</u>		First Name <u>Jennifer</u>		Middle Name <u>E</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>69 Blue Moon DR.</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
8-27-2018 X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

11/05/2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1554 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Sones</u>	First Name <u>Anthony</u>	Middle Name <u>H</u>	Suffix
Home Address (NC Residential Address.) <u>69 Blue Moon DR</u>		Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX XX - XX</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8/28/18 X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

TO: BLADEN COUNTY BOARD OF ELECTIONS
1555 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

P.O. Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Johnson		First Name Broadus		Middle Name J	Suffix	Date of Birth
Home Address (NC Residential Address.) 46 Blue Moon Dr.				Mailing Address (if different than home address.) PO Box 2112		
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen			
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)			
You must provide at least one identification number below. (or see instructions) HIC License or ID Number X X X - X X			Voter Registration No. Optional		Phone (optional)	
					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) X	Signature of Near Relative/Legal Guardian (if applicable) X
8-27-2018 Date	 Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
NOV 6 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
Physical Address 1556 of 2469
301 S Cypress St
Elizabethtown NC
28337
Mailing Address
PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jessup</u>	First Name <u>La June</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>146 Pearl Lloyd Rd</u>		Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)	Fax Number or Email Address	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8/27/18

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TIME RECEIVED BY
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1557 of 2469
Physical Address: 301 S Cypress St
Elizabethtown NC 28337
Mailing Address: PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sessup</u>		First Name <u>Emanuel</u>		Middle Name <u>A</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>209 Frank melvin Rd</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) <small>NC License or ID Number</small> <u>X X X - X X</u>			Voter Registration No. <small>Optional</small> [REDACTED]		Phone (optional)	
					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u> [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>8-27-18</u> <u>X</u>
Date [REDACTED]	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
1558 of 2469
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen:boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jessup</u>		First Name <u>Kendra</u>		Middle Name <u>Janine</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>5504 Hwy 53 west</u>				Mailing Address (If different than home address.)			
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (for see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
			<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
			<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)			
City			State	Zip Code	Requestor's Phone	
					Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/27/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

Physical Address
3015 Cypress St
Elizabethtown NC
28337

Mailbox 1559 of 2469
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS IDENTIFICATION CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

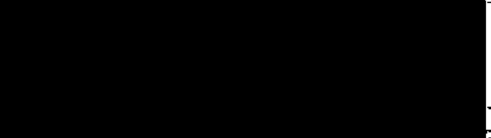
Last Name	First Name	Middle Name	Suffix
McKiver	Katasha	Nicole	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
5664 Hwy 53 W			
City	State	Zip Code	City
White Oak	NC	28389	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/		Bladen	
You must provide at least one identification number below, for see instructions		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN	Optional	Optional
	X X X - X X		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature  Signature of Near Relative/Legal Guardian (if applicable) S/27/18 X
Date _____ Date _____



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1560 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsba.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Thomas</u>		First Name <u>Diamond</u>		Middle Name <u>T</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>139 Grabe Johnson Dr.</u>				Mailing Address (if different than home address.) <u>PO Box 2334</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXXXX</u>			Voter Registration No. <u></u>		Phone (optional) <u></u>
			Optional		Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Voter (voter only)

<u>X</u> <u></u>	<u>08/27/18</u> <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable)
		Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1561 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKenith</u>		First Name <u>McHawn</u>		Middle Name <u>Deatrice</u>	Suffix
Home Address (NC Residential Address.) <u>711 Martin St</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX -</u>			Voter Registration No. <u>Optional</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name:		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address:		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1562 of 2469

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Johnson</u>		First Name <u>Lizzie</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>46 Blue Moon Dr</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence			
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. <u> </u>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1563 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Williams</u>		First Name <u>Nona</u>		Middle Name <u>L.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>152 Burden Road</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>			Voter Registration No. Optional <u>[REDACTED]</u>		
			Phone (optional) <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (voter only) [REDACTED]

Signature of Near Relative/Legal Guardian (if applicable) [REDACTED]

Date
[REDACTED]

Date
[REDACTED]



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1564 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Manuel</u>		First Name <u>Divine</u>		Middle Name <u>Rose</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>10898 S. College St. Apt 40</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>/ /</u>							
You must provide at least one identification number below: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>				Registration No. <u>[REDACTED]</u>		Phone (optional)	Email (optional)
<u>X X X - X</u>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] 8/28/18 X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1565 of 2469

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKiver</u>	First Name <u>Joyce</u>	Middle Name	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>P.O. Box 188 152 Pearl Lloyd Rd</u>		Mailing Address (If different than home address.) <u>P.O. Box 188</u>			
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8/26/18</u>	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1566 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name: <u>Baxley</u>		First Name: <u>Daquan</u>		Middle Name: <u>Tyrell</u>		Suffix: [REDACTED]	
Home Address (NC Residential Address): <u>141 BCM Rd</u>				Mailing Address (if different than home address):			
City: <u>White Oak</u>		State: <u>NC</u>	Zip Code: <u>28399</u>	City:		State:	Zip Code:
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence: <u>Bladen</u>		Previous Name (if applicable):	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No. Optional: [REDACTED]		Phone (optional):	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX - [REDACTED]</u>				Email (optional):			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):				City:		State:	Zip Code:
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name:				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address:				<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
City:				State:		Zip Code:	
Requestor's Phone:				Requestor's Email:			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.):	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-23-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1567 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Baxley</u>		First Name <u>Tammie</u>		Middle Name <u>Oleng</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>141 BCM Road</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>White Oak</u>		State <u>N.C.</u>	Zip Code <u>28399</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	
						Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>			City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>[REDACTED]</u>			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>			Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>		Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address: <u>[REDACTED]</u>	

Signature <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8/25/18</u>	Date <u>[REDACTED]</u>



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1568 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Baxley</u>		First Name <u>Edna</u>		Middle Name <u>Mae</u>		Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>141- BCM Road</u>				Mailing Address (if different than home address.)			
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>/ /</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX - [REDACTED]</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED]

8/25/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1569 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Evans</u>		First Name <u>DR</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>303 Pecan St ID</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X [REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

X 8/28/18 X
Date Date



State Absentee Ballot Request Form

North Carolina

OCT 05 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1570 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Williams</u>		First Name <u>Broderick</u>		Middle Name <u>A</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>306 Ceader St</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX - [REDACTED]</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

OCT 05 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1571 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Janice</u>		Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>210 East Fourth ST Apt 2</u>				Mailing Address (If different than home address.) <u>PO Box 495</u>	
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

<u>[REDACTED]</u>	<u>8/31/18</u>	<u>X</u>
Date	Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1572 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 5, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name: <u>Montgomery</u>		First Name: <u>Jerry</u>		Middle Name: <u>T</u>		Suffix: <u>[REDACTED]</u>					
Home Address (NC Residential Address): <u>309 Twisted Hickory Apt 10</u>				Mailing Address (If different than home address): <u>3098 Mercer Mill Rd</u>							
City: <u>Elizabethtown</u>		State: <u>NC</u>		Zip Code: <u>28337</u>		City: <u>Elizabethtown</u>		State: <u>NC</u>		Zip Code: <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence: <u>Bladen</u>		Previous Name (if applicable):					
If "No," indicate the date of your move: <u>Yes</u>											
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX</u>				Voter Registration No. Optional: <u>[REDACTED]</u>		Phone (optional):		Email (optional):			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):				City:		State:		Zip Code:	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan									
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No									
If "Yes," what is the name and address of the hospital or facility:									
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:									
Requestor's Name:				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address:				Name of Corporation (if appointed legal guardian):					
City:		State:		Zip Code:		Requestor's Phone:		Requestor's Email:	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.):		Fax Number or Email Address:	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED]

8/30/18
Date

X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

Physical Address

301 S Cypress St
Elizabethtown NC
28337

1573 of 2469

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsba.gov

FAX: 910-862-7820

TIME: _____ RECEIVED BY: _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jessup</u>		First Name <u>RobKisia</u>		Middle Name <u>Que'yan</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>1416 River Rd</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (for see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature <u>[REDACTED]</u>	8-23-2018 Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1574 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Washington</u>		First Name <u>Tracy</u>		Middle Name <u>L</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>6714 Hwy 53 West</u>				Mailing Address (if different than home address.) <u>Same</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX -</u>			Voter Registration No. <u></u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Near Relative/Legal Guardian (if applicable)
8/23/18 X Cinvelo Washington 8/23/2018
Date Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1575 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name <u>Washington</u>		First Name <u>Cinsuelo</u>		Middle Name <u>T</u>	Suffix
Home Address (NC Residential Address.) <u>16714 Hwy 53 W</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (If applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXXXX</u>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

<u>X</u>	<u>8/23/2018</u>	<u>X</u>	
Date	Date	Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

OCT 05 2018

TIME REC'D BY
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1576 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 5, 2018

Election Date

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Tatum</u>		First Name <u>William</u>		Middle Name <u>V.</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>3286 Burney Rd</u>				Mailing Address (If different than home address.) <u></u>	
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City <u></u>	State <u></u> Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable) <u></u>	
You must provide at least one identification number below: (or see instructions) NC License or ID Number <u>X X X - X X -</u>				Voter Registration No. Optional <u></u>	Phone (optional) <u></u> Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

EXHIBIT 4.2.3.1.2
NOV 05 2018

TIME REC'D BY
BLADEN CO. SO. OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

1577 of 2469
Mailing Address
PO Box 512
Elizabethtown

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tatum</u>	First Name <u>Stephanie</u>	Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>3242 Bunney Rd</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," indicate the date of your move: ____/____/____</small>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX [REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u> <small>Optional</small>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "Yes," what is the name and address of the hospital or facility:</small>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter. Requestor's Name <u>[REDACTED]</u>				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address: <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)

8-23-18 X
Date

[REDACTED]
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1578 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.bpe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

BLADEN CO. SD. OF ELECTIONS
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Date

Voter Information

Last Name <u>Mickay</u>		First Name <u>Daisy</u>		Middle Name <u>MB</u>	Suffix <u></u>	D <u></u>
Home Address (NC Residential Address.) <u>3395 Cromartie Rd</u>				Mailing Address (If different than home address.) <u></u>		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>		State <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable) <u></u>		
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>5511</u> <u>X X X - X X</u>				Voter Registration No. <u></u>		Phone (optional) <u></u>
				Email (optional) <u></u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date 10/27/18

X Daisy B
Date 10/27/18

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TIME _____ RECD BY _____
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1579 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Smith		First Name Kinda		Middle Name M	Suffix [REDACTED]
Home Address (NC Residential Address.) 1103 Peanut Plant Rd				Mailing Address (If different than home address.) [REDACTED]	
City Elizabethtown		State NC	Zip Code 28337	City [REDACTED]	State [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		Previous Name (if applicable) [REDACTED]	
If "No," indicate the date of your move: 1/1/11		Voter Registration No. [REDACTED]		Phone (optional) [REDACTED]	Email (optional) [REDACTED]
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X [REDACTED]					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name [REDACTED] <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED] Date 3/22/18	X [REDACTED] Date [REDACTED]
---	--



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1580 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 5, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Dela's</u>		Middle Name <u>M.</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address) <u>152 Pearl Lloyd Rd</u>				Mailing Address (If different than home address.) <u>P.O. Box 188</u>			
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>				Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-23-2018X
Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1581 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Hall</u>		First Name <u>Annie</u>		Middle Name <u>M</u>	Suffix
Home Address (NC Residential Address) <u>703 S Hill St</u>				Mailing Address (If different than home address.) <u>P.O. Box 1684</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
[Signature] 8/27/18 X
Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512 1582 of 2469
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name JOHNSON	First Name VERNESSA	Middle Name ANN	Suffix	Date of Birth
Home Address (NC Residential Address.) 401 SWANZY RIDGE WAY # 104		Mailing Address (if different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence BLADEN	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X		Voter Registration No. 0048366	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
9/10/2018 X
Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

General Instructions

A person must be a registered voter in their North Carolina county of residence in order to request an absentee ballot. If not registered to vote in the proper county, a person must submit a voter registration application along with this form. Voter registration applications are available online at www.ncsbe.gov. The deadline to register to vote is 25 days prior to the date of the election.

Completing the Form

The voter's full name, residential address, date of birth and an identification number (see **Proof of Identification** below) must be provided on this form. This information will be used to confirm your voter registration. In addition, this form must be signed by the voter or the voter's near relative or qualified legal guardian.

Who may make a request for an absentee ballot

Either the voter or the voter's near relative or qualified legal guardian may request an absentee ballot. A "near relative" is defined as the voter's spouse, brother, sister, parent, grandparent, child, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, stepparent, or stepchild.

Who may not make a request for an absentee ballot

If a registered voter is a patient in any hospital, clinic, nursing home or rest home in this State, it is unlawful for any owner, manager, director, employee, or other person, other than the voter's near relative or verifiable legal guardian, to request an absentee ballot on behalf of the voter. The voter's county board of elections should be contacted if a voter in a hospital, clinic, nursing home or rest home in this State needs assistance requesting or voting an absentee ballot.

Updating Voter Information

This form may also serve as a voter change form; however, changes in voter registration may only be made by the voter.

Proof of Identification

If the voter's identification number (NC driver license number, NC DMV-issued identification card number, or last four digits of social security number) is not provided, then provide with this request a copy of a document that shows the name and residential address of the voter: a current utility bill, bank statement, government check, paycheck, or other government document.

Ballot Availability

Absentee balloting materials are mailed to voters once ballots for an election are available. For most elections, ballots will be available 50 days prior to the date of the election. Absentee ballots are available 60 days prior to the date of a statewide general election and 30 days prior to the date of a city or municipal election.

Submitting the form

Submit this form to the County Board of Elections no later than 5:00 p.m. on the Tuesday before the date of the election.

Address: Bladen County Board of Elections
Po Box 512
Elizabethtown, NC 28337

Email: elections@bladenco.org

Fax: (910) 862-7820

This form may be mailed, faxed, emailed, or delivered in person. Visit www.ncsbe.gov to check the status of your absentee request.

Scan Date		Batch Number	Exhibit 4.2.3.1.2 Source Code	1585 of 2469 Batch ID
2018-09-24 3:41PM		3	17	9601

Scan Date/Time: 2018-09-24 3:41PM
 Batch Number: 3
 Batch Size: 41
 Source Code: 17
 Batch ID: 9601
 Operator: cwilliams



State Absentee Ballot Request Form
North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

RECEIVED

SEP 21 2013

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2013
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

First Name <u>Dowless</u>	First Name <u>Jessica</u>	Middle Name <u>Karen</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2766 Twisted Hickory</u>		Mailing Address (If different than home address.)		
City <u>E-town</u>	State <u>NC</u>	Zip Code <u>28337</u>	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>		You must provide at least one identification number below. (or see instructions)		
NC License or ID Number SSN <u>XXX - XX</u>		Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2766 Twisted Hickory Rd.</u>		City <u>E-town</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

5-23-18X

Date

Date

to check your voter registration or absentee voting status.

V2013.11



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1587 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FILED BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Heustess</u>		First Name <u>Sharon</u>		Middle Name <u>—</u>	Suffix <u>—</u>	Date of Birth <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>37 Storms Rd.</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>			
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u>—</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>—</u>	Email (optional) <u>—</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>37 Storms Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>—</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>—</u>		Name of Corporation (if appointed legal guardian) <u>—</u>		
City <u>—</u>	State <u>—</u>	Zip Code <u>—</u>	Requestor's Phone <u>—</u>	Requestor's Email <u>—</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>—</u>		Fax Number or Email Address <u>—</u>	

Signature of Voter (or Requestor) <u>X</u> Date <u>8/17</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> Date <u>—</u>
--	---



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

BLADEN CO. ED. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1588 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Heverly</u>	First Name <u>ANDREA</u>	Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2305 GUYTON Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>SSN</u> <u>X X X - X X</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1589 of 2469

Physical Address:
301 S Cypress St.
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Heverly		First Name Brenton		Middle Name K	Suffix
Home Address (NC Residential Address.) 2305 Guyton Rd				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: _____ SSN: XXX - XX - [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas):

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-11-18

X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina
BLADEN COUNTY

TO: 1590 of 2469
BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

RECEIVED BY
BLADEN CO. SO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hickman</u>		First Name <u>Suzanne</u>		Middle Name <u>Marie</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>304 Villages St Apt 3C</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>			You must provide at least one identification number below. (or see instructions)		
SSN [REDACTED] X X X - X X [REDACTED]			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable) <u>[REDACTED]</u>	
Date <u>7-13-18</u>	Date <u>X</u>



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1591 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>IVEY</u>		First Name <u>MARY</u>		Middle Name <u>B</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>10850 Center Road Rd</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

10-18-18 X

Date

Date



State Absentee Ballot Request Form
North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

elections@bladenco.org

(910) 862-7820

TIME RECD BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>JOHNSON</u>		First Name <u>ANTHONY</u>		Middle Name <u>J</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>303 PECAN ST. (2-H)</u>				Mailing Address (if different than home address.)		
City <u>BLADENBORO</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		
NC License or ID Number		SSN <u>XXX - XX - [REDACTED]</u>	Phone (optional)			
			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>303 PECAN ST (2-H)</u>				City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

5-27-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1593 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

RECEIVED
SEP 21 2018
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jones</u>		First Name <u>Joyce</u>		Middle Name <u>Stephens</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>549 Hwy. 410 Apt. 9-D</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28332</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional) <u>[REDACTED]</u>		
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

6/28/18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

NOV 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

1594 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name LESSANE		First Name Jerry		Middle Name W	Suffix	Date of Birth
Home Address (NC Residential Address.) 52 Pompe Rd				Mailing Address (if different than home address.)		
City Elizabeth Town		State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.		Phone (optional)	Email (optional)	
NC License or ID Number X X X - X X -		SSN [REDACTED]		[REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 64		City Dublin	State NC	Zip Code 28332
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

BLADEN CO. Bd. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>JANICE</u>		Middle Name <u>M</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>525 JAMES PAIT RD</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>Linda Mintz</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input checked="" type="checkbox"/> legal guardian				
Requestor's Address <u>188 Lewis Pocket Rd</u>		Name of Corporation (if appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X Linda Mintz 7-28-18
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1596 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-852-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME RECD BY
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name LITTLE		First Name LOUISE		Middle Name H	Suffix	Date of Birth
Home Address (NC Residential Address) 1008 NC 131				Mailing Address (If different than home address)		
City Bladenboro		State NC	Zip Code 28320	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN XXX - XX - [REDACTED]				Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X 11-10-18

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1597 of 2469

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

RECEIVED
SEP 21 2017
BLADEN CO. ED. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Long</u>		First Name <u>Richard</u>		Middle Name <u>m</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>48 Hill side Circle</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>				Voter Registration No. <u>[REDACTED]</u>		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
(If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
		Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	Requestor's Phone
				Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

7718 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1598 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McCart</u>		First Name <u>Kimberly</u>		Middle Name <u>E</u>	Suffix
Home Address (NC Residential Address): <u>115 Lewis St</u>				Mailing Address (if different than home address):	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No.	Phone (optional)
NC License or ID Number <u>XXX - XX - [REDACTED]</u>				SSN <u>XXX - XX - [REDACTED]</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature of

X

Signature of Near Relative/Legal Guardian (if applicable)

7.10.18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1599 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME: 10:00 AM DATE: 11/13/18
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Mc DANIEL		First Name HUGHLON		Middle Name L	Suffix MR
Home Address (NC Residential Address.) 9343 HWY 131				Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City Bladenboro	State N.C	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/18			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

6-13-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1600 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McDaniel</u>		First Name <u>Vivian</u>		Middle Name <u>H</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>9343 Hwy 131</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>23280</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		Phone (optional)
NC License or ID Number		SSN <u>X X X - X X</u>		[REDACTED]		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>6-11-18</u>	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1601 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name McKoy		First Name LEE		Middle Name H	Suffix	Date of Birth
Home Address (NC Residential Address.) 6709 Hwy 41 WEST				Mailing Address (If different than home address.)		
City Elizabethtown		State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX				Voter Registration No. 000000	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME				City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X	Signature of Near Relative/Legal Guardian (if applicable) X
Date 11-6-18	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>MARVIN</u>		Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>317 Center Road Rd</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX</u> [REDACTED]				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>				City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1603 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McIntosh</u>	First Name <u>MARGIE</u>	Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>296 Bladenboro Air Port Rd</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u> [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

TIME DEC 20 2018
BLADEN CO. ED. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wright</u>		First Name <u>Kirby</u>		Middle Name <u>Glenn</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>511 JA Carroll RD</u>				Mailing Address (If different than home address.) <u>511 JA Carroll RD</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>BLADEN</u>			
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)			
You must provide at least one identification number below. (or see instructions)				Voter Registration No.			
NC License or ID Number		SSN	Phone (optional)				
<u>XXX - XX - XXXX</u>		<u>XXX - XX - XXXX</u>	Email (optional)				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>511 JA Carroll RD</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)				
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

5-12-18
Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1605 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME RECEIVED
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wilkes</u>		First Name <u>Monica</u>		Middle Name <u>Alissa</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2305 Guyton Rd</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter <u>[REDACTED]</u> Date <u>6-12-18</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> Date
---	---



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wicker</u>	First Name <u>Fasey</u>	Middle Name <u>D</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>3776 Twisted Hickory Rd</u>		Mailing Address (If different than home address.)	
City <u>Elizabeth Town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>		Voter Registration No.	Phone (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable) <u>[REDACTED]</u>	Date <u>6/4/18</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>	Date <u>[REDACTED]</u>
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Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

1607 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Ward

First Name

Jerry

Middle Name

Kent

Suffix

JR

Home Address (NC Residential Address)

2824 Twisted Hickory Rd

Mailing Address (if different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move: ____/____/____

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

2824 Twisted Hickory Rd

City

Elizabethtown

State

NC

Zip Code

28337

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☒ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Name of Corporation (If appointed legal guardian)

Requestor's Address

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sign _____ (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

6-24-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

SEP 21 2018

TIME 1:00 PM
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

1608 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Ward	First Name Jerry	Middle Name Kent	Suffix	Date of Birth
Home Address (NC Residential Address): 2852 Twisted Hickory Rd		Mailing Address (If different than home address): 2852 Twisted Hickory Rd		
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Zip Code 28337	
If "No," indicate the date of your move: 1/1		County of Residence Bladen	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)
SSN XXX - XX - [REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 2852 Twisted Hickory Rd		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

6-24-18 X

Date

Date



EXHIBIT 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. SO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ward</u>	First Name <u>Brenda</u>	Middle Name <u>LEE</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>2852 Twisted Hickory Rd</u>		Mailing Address (If different than home address.) <u>Elizabethtown</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>910-874-2352</u>
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2852 Twisted Hickory Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS, 1610 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME: _____ RECEIVED BY: _____
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ward</u>		First Name <u>Andrea</u>		Middle Name <u>Lauren</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>2824 Twisted Hickory Rd</u>				Mailing Address (if different than home address.) [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/18</u>			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2824 Twisted Hickory Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Jerry Kent Ward Jr.</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address <u>2824 Twisted Hickory Rd</u>		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
City <u>Elizabethtown</u>		Name of Corporation (if appointed legal guardian)		
State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

6-24-18



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tyndall</u>		First Name <u>ELLA</u>		Middle Name <u>R</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>208 WEST WALNUT ST - 6A</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX - XX</u>			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-14-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

BLADEN CO. BOE OF ELECTIONS

1612 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Todd		First Name MARTY		Middle Name R	Suffix	Date of Birth
Home Address (NC Residential Address.) 485 SASSAFRASA				Mailing Address (If different than home address.)		
City Bladenboro NC		State N.C.	Zip Code 28320	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN XXX - XX				Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME				City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
City		State	Zip Code	Name of Corporation (If appointed legal guardian)		
Requestor's Phone		Requestor's Email				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X	Date	Signature of Near Relative/Legal Guardian (if applicable) X 6-24-18	Date
----------------	------	--	------



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED
NOV 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S. Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Thompson		First Name Jack		Middle Name T	Suffix	Date of Birth
Home Address (NC Residential Address.) 79 Burney Rd				Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320		City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 395 SAM'S DRIVE				City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name Requestor's Address City State Zip Code Requestor's Phone Requestor's Email						
Name of Corporation (if appointed legal guardian)						

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

Date
11/20/18

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD 614-002469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

201

TIME _____ RECD BY _____
BLADEN CO. SO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name SYKES		First Name MARKVIN		Middle Name G	Suffix	Date of Birth
Home Address (NC Residential Address) 114 Midway Drive				Mailing Address (if different than home address.)		
City Bladenboro		State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1-1				Previous Name (if applicable)		
You must provide at least one identification number below. (for see instructions) NC License or ID Number XXX - XX				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 1409		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig 	Signature of Near Relative/Legal Guardian (if applicable) 2-17-18 X
Date	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1615 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.bpe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. ED. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Sykes</u>		First Name <u>MAKLON</u>		Middle Name <u>B</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>304 Village ST</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC license or ID Number <u>X X X - X X</u>			Voter Registration No. Optional		Phone (optional)	
					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

9/14/2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

1616 of 2469

201

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Storms</u>	First Name <u>Bodney</u>	Middle Name <u>Eugene</u>	Suffix	Date of Birth
Home Address (NC Residential Address) <u>107 West Poplar Street</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)	Email (optional)
SSN <u>X X X - X X -</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>107 West Poplar Street</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8/19/18
Date

X
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS. 1617 of 2469

Physical Address

301 S. Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME: 1:00 P.M.
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Stogner</u>		First Name <u>William</u>		Middle Name <u>C</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>304 Midway Drive</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>		City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - [REDACTED]</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1171</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-10-18

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

SEP 21 2018

TIME 10:00 AM
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1618 of 2469

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Stephens</u>	First Name <u>Shania</u>	Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>310 Ronald Britt Rd</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
8/5/16 X
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

SEP 21 2018

TIME _____ RECD BY _____
BLADEN CO. BOE ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

1619 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Slacks</u>		First Name <u>Jessie</u>		Middle Name <u>Elizabeth</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>6913 NC 242 South</u>				Mailing Address (If different than home address.)			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____							
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)	
NC License or ID Number		SSN		Optional		Email (optional)	
		<u>X X X - X X</u>		[REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.						
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
			<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address			<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
			Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

6-12-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1620 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Shaw</u>	First Name <u>Sandy</u>	Middle Name <u>LEE</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>2852 Twisted Hickory Rd</u>		Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/11</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No. <u>[REDACTED]</u>	Phone (optional)
NC License or ID Number <u>XXX - XX</u>	SSN <u>[REDACTED]</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2852 Twisted Hickory Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-24-18
Date

X

Date



State Absentee Ballot Request Form
North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

THIS FORM IS TO BE FILED BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Severine</u>		First Name <u>Tony</u>		Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>12031 Hwy 242 S</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional) <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED] 6-2-18 X
Date Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1622 of 2469 202

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sessoms</u>	First Name <u>Rachel</u>	Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>95 Sunset Park Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>208 W Walnut ST</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X 7-22-18</u>
	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North CarolinaRECEIVED
NOV 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Russ		First Name Joseph		Middle Name E	Suffix	Date of Birth
Home Address (NC Residential Address.) 984 Oak Grove Church Rd				Mailing Address (if different than home address.)		
City Bladenboro		State N.C.	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/						
You must provide at least one identification number below. (or see instructions) NC License or ID Number: SSN: XXX-XX-XXXX				Voter Registration No. 000000	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address.

Signature of

Signature of Near Relative/Legal Guardian (if applicable)

X J-6-18

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1624 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.): Election Date:

Voter Information

Last Name <u>Robinson</u>		First Name <u>Kimberly</u>		Middle Name <u>S</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>303 PECAN ST 6B</u>				Mailing Address (If different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>			Voter Registration No. Optional <u></u>		
			Phone (optional) <u></u>		
			Email (optional) <u></u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (If appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Near Relative/Legal Guardian (if applicable)
8-5-18X
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North CarolinaRECEIVED
NOV 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1625 612469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>PAIT</u>	First Name <u>Chris</u>	Middle Name <u>E</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>587 LYON LANDING RD</u>		Mailing Address (If different than home address.)		
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX - [REDACTED]</u> SSN: <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 232</u>		City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	
Current Address (Address where you are currently stationed or living overseas.)			

Signature of Near Relative/Legal Guardian (if applicable):
[REDACTED] 6-26-18 X
Date Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1626-01-2469 202

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>PRIT</u>	First Name <u>Chalmers</u>	Middle Name <u>J</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>30 HOLY BRITH COURT</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>SSN</u> <u>XXX - XX - [REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

S [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)

8-8-18 X
Date Date

Scan Date	Batch Number	Source Code	Batch ID
2018-09-12 10:04AM	3	17	9592

Exhibit 4.2.3.1.2

Page 1628 of 2469

Scan Date/Time: 2018-09-12 10:04AM
Batch Number: 3
Batch Size: 11
Source Code: 17
Batch ID: 9592
Operator: cwilliams

Auther Owens Partial
9/12/2018 clw



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
1629 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Murcison</u>		First Name <u>Tyrone</u>		Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1607 MLK DR.</u>				Mailing Address (if different than home address.) <u>Same</u>		
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>Same</u>	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1-</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional)	
NC License or ID Number <u>XXX-XX-XXXX</u>					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1607 MLK DR.</u>		City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-18-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1650 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name: <u>McNIL</u>	First Name <u>Kim</u>	Middle Name <u>L</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>620 McLEOD ST APT. 12B</u>		Mailing Address (if different than home address.) <u>SAME</u>	
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>SAME</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	Previous Name (if applicable) <u></u>
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>		Voter Registration No. Optional <u></u>	Phone (optional) <u></u>
		Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>620 McLEOD ST. APT. 12B</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian) <u></u>			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-13-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1651 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name WATERS		First Name JOHN		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 1109 Williams St.				Mailing Address (if different than home address.) SAME		
City ELIZABETHTOWN	State NC	Zip Code 28337	City SAME	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/						
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX			Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature **X** **8/2/18** **X**
Date
Signature of Near Relative/Legal Guardian (if applicable)
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1632 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

BAKNWELL

First Name

CARNEIL

Middle Name

Suffix

Home Address (NC Residential Address.)

312 McKoy St

Mailing Address (if different than home address.)

P.O. Box 1524

City

ELIZABETHTOWN

State

N.C.

Zip Code

28337

City

ELIZABETHTOWN

State

N.C.

Zip Code

28337

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1-1-

County of Residence

BIADEN

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

P.O. Box 1524

City

ELIZABETHTOWN

State

N.C.

Zip Code

28337

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Name of Corporation (if appointed legal guardian)

Requestor's Address

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

7-30-18X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1633 of 2469

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>SHERIDAN</u>		First Name <u>MAEOLIA</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1411 MLK DR.</u>				Mailing Address (if different than home address.) <u>1411 MLK DR.</u>		
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX</u>			Voter Registration No. (Optional)		Phone (optional)	
					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1411 MLK DR.</u>		City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address.	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

<u>X</u>	<u>7-26-18</u>	<u>X</u>
Date		Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1634-612469

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name TOWSEND	First Name DOROTHY	Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 420 MEKAY ST OAK ESTATE APT 7D ELIZABETHTOWN, NC 28337		Mailing Address (if different than home address.) P.O. BOX 1482 ELIZABETHTOWN, NC 28337		
City ELIZABETHTOWN	State NC	Zip Code 28337	City ELIZABETHTOWN	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN		
If "No," indicate the date of your move: 1-1		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)	Email (optional)
NC License or ID Number XXX-XX-				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. BOX 1482		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's City		Name of Corporation (if appointed legal guardian)		
Requestor's State		Requestor's Phone		
Requestor's Zip Code		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
7-26-18X
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD 685 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Corbett

First Name

James

Middle Name

Lloyd

Suffix

Home Address (NC Residential Address.)

706 MLK Drive

Mailing Address (If different than home address.)

P.O. Box 92

City

Elizabethtown

State

NC

Zip Code

28337

City

Elizabethtown

State

NC

Zip Code

28337

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X - [REDACTED]

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

P.O. Box 92

City

Elizabethtown

State

NC

Zip Code

28337

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☒ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X [REDACTED]

Date

Signature of Near Relative/Legal Guardian (if applicable)

X [Signature]

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1636 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name LEACH		First Name EVA		Middle Name M	Suffix	Date of Birth
Home Address (NC Residential Address) 1605 MLK DRIVE				Mailing Address (if different than home address) 1605 MLK DRIVE		
City ELIZABETHTOWN	State N.C.	Zip Code 28337	City ELIZABETHTOWN	State N.C.	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN COUNTY		Previous Name (if applicable)	
If "No," indicate the date of your move: 1-1			Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1605 MLK DRIVE		City ELIZABETHTOWN	State N.C.	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7-21-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1637 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Thalia</u>		Middle Name _____	Suffix _____
Home Address (NC Residential Address.) <u>440 BLANKS STREET</u>				Mailing Address (if different than home address.) <u>P.O. Box 2875</u>	
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen County</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u>Thalia McKoy</u>		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		
NC License or ID Number <u>24371947</u>		SSN <u>XXX - XX - [REDACTED]</u>	Phone (optional) <u>910 8624826</u>		Email (optional) _____

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 2875</u>		City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X [REDACTED]
Date _____

Signature of Near Relative/Legal Guardian (if applicable)

X _____
Date _____



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>CAROLYN</u>		Middle Name <u>—</u>	Suffix <u>—</u>	Date of Birth <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>400 BLANK STREET</u>				Mailing Address (If different than home address.) <u>PO. BOX 2875 ELIZABETH</u>		
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>ELIZABETH TOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen County</u>			
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable) <u>CAROLYN McKoy</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>[REDACTED]</u>			Voter Registration No. Optional <u>29453972</u>		Phone (optional) <u>(910) 862-4526</u>	Email (optional) <u>—</u>
SSN <u>XXX - XX - [REDACTED]</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO. BOX 2875</u>		City <u>ELIZABETH TOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>—</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only) <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>—</u>	Date <u>—</u>



State Absentee Ballot Request Form

North Carolina

Exhibit 4-2-3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1639 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Pharr</u>	First Name <u>Elizabeth</u>	Middle Name <u>Patricia</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1007 MLK Blvd</u>		Mailing Address (if different than home address.) <u>same</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>SAME</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions). NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1007 MLK BLVD</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
8-13-18
Date

Scan Date	Batch Number	Source Code	Batch ID
2018-08-24 3:09PM	6	17	9530

Scan Date/Time: 2018-08-24 3:09PM
Batch Number: 6
Batch Size: 25
Source Code: 17
Batch ID: 9530
Operator: cwilliams

Lola Wooten



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>LEWIS</u>	First Name <u>David</u>	Middle Name <u>Jr.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>404 Quail St</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)	
IF "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				
You must provide at least one identification number below. (or see instructions) NC license or ID Number SSN <u>X X X - X X</u> [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
4/20/18 X
Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1643 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wicks</u>		First Name <u>Paulette</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd Apt</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: _____/_____/_____			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number _____ SSN <u>X X X - X X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name _____ <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
7-13-18 X
Date _____ Date _____



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1644-6P2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Maultsby</u>	First Name <u>Clara</u>	Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>305 Swanzy Bridge Way APT #03</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Baden</u>	
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X 7-29-18 X
Date Date



AUG 17 2018

Exhibit 4.2.3.1.2
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

28337

Elizabethtown

PHONE: 910-862-6951

1645 of 2469

bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McAllister</u>		First Name <u>Bobby</u>		Middle Name <u>Wayne</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>44 George Kelly Rd</u>				Mailing Address (if different than home address.) <u>P.O. Box 821</u>		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Si [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
7-13-18 X
Date Date



AUG 17 2018

Exhibit 4.2.3.1.2

TIME: _____ REC'D BY: _____
BLADEN CO. BO. OF ELECTIONS

28337

Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov1646 of 2469
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Drayton</u>		First Name <u>Lukentha</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>38 George W. Kelly</u>				Mailing Address (If different than home address.) <u>P.O. Box 154</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address:

Signature of Near Relative/Legal Guardian (if applicable)

8-18-18

Date

X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Nimmmons</u>		First Name <u>Nicole</u>		Middle Name <u>marie</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>10898 S College St Apt 42</u>				Mailing Address (If different than home address.) [REDACTED]			
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (NC License or ID Number)		SSN <u>X X X - X X</u>		Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
		Name of Corporation (if appointed legal guardian)				
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
[Signature] X
Date 7-29-18



AUG 17 2018

Exhibit 4.2.3.1.2

28337

Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov1648 of 2469
FAX: 910-862-7820TIME _____ REC'D BY _____
BLADEN CO. DIV. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Pridgen		First Name Thomastina		Middle Name C	Suffix	Date of Birth
Home Address (NC Residential Address.) 10759 St College St APT 2C				Mailing Address (If different than home address.)		
City Clarkton		State N	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X -				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1649 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Johnson</u>		First Name <u>Jeremy</u>		Middle Name <u>O</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>489 Bookertuckerton</u>				Mailing Address (if different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>		City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX</u>				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

7-29-18

Date

Date



State Absentee Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1650 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Smith

First Name

Tammorah

Middle Name

T

Suffix

Home Address (NC Residential Address.)

107 Princess LN

Mailing Address (if different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.
Optional

Phone (optional)

Email (optional)

County of Residence

Bladen

Previous Name (if applicable)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

7-7-18

Date

X

Date



AUG 17 2018

Exhibit 4.2.3.1.2

TIME REC'D BY
BLADEN CO. SO. OF ELECTIONSElizabethtown NC
28337

PO Box 512

1651 of 2409

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Branch		First Name Jessica		Middle Name A	Suffix	Date of Birth
Home Address (NC Residential Address) 33 Harrelson RP				Mailing Address (If different than home address.)		
City Elizabethtown		State NC	Zip Code 28337	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: XXX - XX				Voter Registration No. 001118	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
		Name of Corporation (If appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

8-12-18

X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Bealiff		First Name Shalanta		Middle Name M	Suffix [REDACTED]
Home Address (NC Residential Address.) 813 Moultrie Lane				Mailing Address (If different than home address.) [REDACTED]	
City Elizabeth	State NC	Zip Code 28337	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)
If "No," indicate the date of your move: _____					
You must provide at least one identification number below. (or see instructions)			Voter Registration No. _____		
NC License or ID Number XXX - XX			Phone (optional) _____		
SSN [REDACTED]			Email (optional) _____		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X	Signature of Near Relative/Legal Guardian (if applicable) X
Date 7-13-18	Date [REDACTED]



State Absentee Ballot Request Form
North Carolina

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1653 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Murchison</u>		First Name <u>Saqvan</u>		Middle Name <u>S</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>Elizabethtown Collins Pk</u>				Mailing Address (If different than home address) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-13-18</u>	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1654 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name: <u>Simpson</u>		First Name: <u>Lavon</u>		Middle Name: <u>S</u>	Suffix: [REDACTED]
Home Address (NC Residential Address): <u>209 Mervin Mill Rd Apt 2 H</u>				Mailing Address (If different than home address): [REDACTED]	
City: <u>Elizabethtown</u>	State: <u>NC</u>	Zip Code: <u>28337</u>	City:	State:	Zip Code:
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence: <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable):		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional: [REDACTED]		
			Phone (optional):		
			Email (optional):		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):		City:	State:	Zip Code:
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name:		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address:		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian):		
City:	State:	Zip Code:	Requestor's Phone:	Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address:

Signature of Near Relative/Legal Guardian (if applicable)

Signature of Near Relative/Legal Guardian (if applicable)

7-15-18

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1655 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Hall</u>		First Name <u>Vanessa</u>		Middle Name <u>Denise</u>	Suffix
Home Address (NC Residential Address.) <u>803 Williams Street</u>				Mailing Address (If different than home address.) <u>392 Browns Creek Church Rd</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional	Phone (optional) <u>910-874-2726</u>	Email (optional) <u>vdhall1590@mail-jones</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>392 Browns Creek Church Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-15-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1656 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Shipman</u>		First Name <u>Emma</u>		Middle Name <u>Lee</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>196 Burden Rd.</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Tar Heel</u>		State <u>NC</u>	Zip Code <u>28392</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>7-19-18 X</u>
Date <u>7-19-18</u>	Date



State Absentee Ballot Request Form
North Carolina

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
Physical Address 1657 of 2469
301 S Cypress St
Elizabethtown NC PO Box 512
28337 Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith-Rich</u>	First Name <u>Caroline</u>	Middle Name <u>Lynette</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>204 Wright St. Apt. #A5</u>		Mailing Address (if different than home address.) <u></u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>SSN</u> <u>X X X - X X -</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sig Signature of Near Relative/Legal Guardian (if applicable)
Date 7/20/18 X
Date



State Absentee Ballot Form

North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1658 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>White</u>		First Name <u>Nyasha</u>		Middle Name <u>S</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>99 marit dr</u>				Mailing Address (If different than home address.) <u></u>	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u> Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1-1</u>				Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional	
NC License or ID Number <u></u>		SSN <u>X X X - X X -</u>		Phone (optional) <u></u>	
				Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (If appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address: <u></u>	

Signature of Near Relative/Legal Guardian (if applicable)

8-30-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1659 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Matthews</u>		First Name <u>Kagwan</u>		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>229 Blue Moon DR</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>				Voter Registration No. <small>Optional</small>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7/18/18 X

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1660 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Draughton</u>		First Name <u>Destane</u>		Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>507 Martin St</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			[REDACTED]		[REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

8-18-18
Date

Date



State Absentee Request Form
North Carolina

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1661 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name <u>Singleton</u>		First Name <u>Gloria</u>		Middle Name <u>ANN</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>510 Mercer mill Rd</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>			Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No. Optional			Phone (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-13-18 X

Date

Date



State Absentee Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1662 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKiver</u>		First Name <u>Jaxon</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>658 Avenue ave</u>				Mailing Address (if different than home address.)		
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX XX - XX</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas):

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-19-18

X

Date

Date



State Absentee Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1663 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hall</u>		First Name <u>Jasmine</u>		Middle Name <u>D.</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>703 South Hill St.</u>				Mailing Address (If different than home address.) <u>P.O. Box 1684</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional <u></u>		
			Phone (optional) <u></u>		Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7-19-18
Date

X
Date



State Absentee Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1664 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKoy</u>	First Name <u>Pearline</u>	Middle Name <u>M</u>	Suffix <u></u>
Home Address (NC Residential Address) <u>218 Burden Rd</u>		Mailing Address (if different than home address.) <u></u>	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable) <u></u>	
You must provide at least one of the following information number below. (or see instructions)		Voter Registration No. <u></u>	Phone (optional) <u></u>
SSN <u>XXX - XX - XXXX</u>		Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent; <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Fax Number or Email Address <u></u>	

Signature of Near Relative/Legal Guardian (if applicable)

7/19/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1665 of 2469

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Drake</u>	First Name <u>Danisha</u>	Middle Name <u>Monique</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>204 Wright St. Apt 13B</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

7/18/18
Date

X
Date



State Absentee Ballot Form

North Carolina

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1666 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Murchison</u>		First Name <u>Keivana</u>		Middle Name <u>Markeea</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>911 Chickenfoot Rd</u>				Mailing Address (if different than home address.)		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. <small>Optional</small>		Phone (optional)	
NC License or ID Number		SSN <u>X X X - X X [REDACTED]</u>			Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7-15-18
Date

X
Date

Scan Date	Batch Number	Source Code	Batch ID
2018-08-24 1:25PM	4	17	9528

Scan Date/Time: 2018-08-24 1:25PM
Batch Number: 4
Batch Size: 40
Source Code: 17
Batch ID: 9528
Operator: cwilliams

Lola Wooten



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Rogers</u>		First Name <u>Cornelia</u>		Middle Name <u>S</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1213 Cotton St</u>				Mailing Address (If different than home address.) <u>P.O. Box 11606</u>			
City <u>Elizabethtown</u>		State <u>XX</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Voter Registration No. Optional		Phone (optional) <u>910 872 3324</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX [REDACTED]</u>				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		State		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan								
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No								
If "Yes," what is the name and address of the hospital or facility:								
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:								
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address			Name of Corporation (if appointed legal guardian)					
City		State	Zip Code	Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

S [REDACTED]

8-8-18
Date

X

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1670 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.bee@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Ballard</u>		First Name <u>Benjamin</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>504 Quail St</u>				Mailing Address (if different than home address.)		
City <u>504 Quail St</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		
NC License or ID Number		SSN	Phone (optional)			
<u>X X X - X X</u>		<u>[REDACTED]</u>	Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas):

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-18-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

1671 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Leach</u>		First Name <u>Dasia</u>		Middle Name <u>Shantel</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>10898 South College St, Apt. 44</u>				Mailing Address (if different than home address.)		
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No. <u>2018</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-18-18

X

Date

Date



State Absentee Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1672 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Crumby</u>	First Name <u>Idonda</u>	Middle Name <u>Latrice</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1209 McLean St</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>			Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-18-18

X

Date

Date



RECEIVED

Exhibit 4.2.3.1.2

AUG 17 2018

Elizabethtown NC
28337

PO Box 512

1675 OF 2409

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME REC'D BY: BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Elizabeth</u>		Middle Name <u>H</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>10759 St College St APT 1G</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX [REDACTED]</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name						
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Address				Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>9-18-18</u>	Date



RECEIVED
EXHIBIT 4.2.3.1.2
AUG 17 2018

28337

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

Elizabeth town
1674 of 2469
FAX: 910-862-7820

TIME REC'D BY
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hill</u>	First Name <u>Elizabeth</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>10759 St College APT 2F</u>		Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (for see instructions) NC License or ID Number SSN <u>X X X - X X</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian	<input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> stepparent <input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)


 Date <u>8-11-18</u>	<u>X</u> Date
---	------------------



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1675 of 2469

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Brown</u>		First Name <u>Shantese</u>		Middle Name <u>Nicole</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>162 McAdams Dr</u>				Mailing Address (If different than home address.) <u>P.O. Box 1437</u>			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX</u> SSN: [REDACTED]				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: [REDACTED] <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD 1676 of 2469

Physical Address
301.5 Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. DD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Teresa</u>		Middle Name <u>J.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>132 Blue moon DR.</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18

X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1677 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name McKoy		First Name Dewanye		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 706 Richardson St				Mailing Address (If different than home address.) P.O. Box 553		
City Elizabethtown	State nc	Zip Code 28337	City Elizabethtown	State nc	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional)	
NC License or ID Number XXX - XX			SSN [REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18

Date

X

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY:
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1678 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Montgomery</u>		First Name <u>Datesha</u>		Middle Name <u>D</u>	Suffix	Date of Birth
Home Address (NC Residential Address) <u>390 Twisted Hickory Rd Apt 13</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				County of Residence <u>Bladen</u>		Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - </u>				Voter Registration No. <u> </u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address:

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-8-18
Date

X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

AUG 17 2018

TIME REC'D BY
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1679 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Richardson</u>		First Name <u>Friedrick</u>		Middle Name <u>Montrell</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>210 Council & Richardson Dr</u>				Mailing Address (if different than home address.)		
City <u>Tar Heel</u>		State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) [REDACTED] SSN <u>XXX - XX -</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter [REDACTED] Date 08-12-18
Signature of Near Relative/Legal Guardian (if applicable) X Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1680 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Clemmons		First Name WALLIA		Middle Name L	Suffix [REDACTED]
Home Address (NC Residential Address) 229 BLUEMOON				Mailing Address (if different than home address) P.O. Box 1524	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN XXX - XX - [REDACTED]			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) [REDACTED]		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

9/12/18

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



AUG 17 2018 Exhibit 4.2.3.1.2

28337

Elizabethtown
1681 of 2469PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Crum</u>		First Name <u>Leah</u>		Middle Name	Suffix <u>Sr</u>
Home Address (NC Residential Address) <u>2188 Hwy 701A</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28537</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-10-18
DateX [Signature]
Date



State Absentee Ballot Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED
AUG 17 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Jamika</u>		Middle Name <u>Hope</u>	Suffix
Home Address (NC Residential Address.) <u>1103 Peanut Plant Rd.</u>				Mailing Address (If different than home address.) <u>P.O. Box 427</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>			Voter Registration No. <u>XXXXXX</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-6/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1683 of 2469

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Richardson</u>		First Name <u>Shirley</u>		Middle Name <u>Regina</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>210 Cowerl-Richardson Dr.</u>				Mailing Address (If different than home address.)		
City <u>Tar Heel</u>		State <u>N.C.</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>				Voter Registration No. <u>000000</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
7-18-18 X
Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1684 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Date

Voter Information

Election Type (Primary, General, Municipal, Special, etc.)

Last Name

Richardson

First Name

Frederick

Middle Name

Leon

Suffix

Date of Birth

Home Address (NC Residential Address.)

216 Council-Richardson DR.

Mailing Address (If different than home address.)

City

TAR HEEL

State

N.C.

Zip Code

28392

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1-1-

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

- ☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

7-18-18

Date

X

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Selena</u>		Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1209 ML King Dr.</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>				County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18
Date

X

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1686 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
P.O. Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Shipman		First Name Shenita		Middle Name Annette		Suffix	
Home Address (NC Residential Address.) 11605 Martin Luther King Blvd				Mailing Address (if different than home address.)			
City Elizabethtown		State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/				Voter Registration No. Optional		Phone (optional) 704-737-1234	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: XXX - XX - [redacted] SSN: XXX - XX - [redacted]				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: [redacted] <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law Requestor's Address: [redacted] <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	

Sig [redacted] Signature of Near Relative/Legal Guardian (if applicable)
Date 9-13-18 X
Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1687 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Janice</u>		Middle Name <u>KL</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>21 Blue Moon Dr.</u>				Mailing Address (if different than home address.) [REDACTED]		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>			
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)			
You must provide at least one identification number below, (or see instructions) NC License or ID Number: <u>XXX - XX</u> SSN: [REDACTED]			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
[Signature] 2-18-18 X
Date



State Absentee Ballot Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1688 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Gill		First Name James		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 205 E Gill				Mailing Address (If different than home address.) P.O. Box 2652		
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional)	
NC License or ID Number X X X - X X					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

Aug 17 2018 Exhibit 4.2.3.1.2

28337
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>HENRY</u>		First Name <u>Pamela</u>		Middle Name <u>V</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>282 McAdam Drive ETON</u>				Mailing Address (If different than home address.) <u>P.O. BOX 2742 ETON NC 28337</u>	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	
				State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No. Optional	Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter <u>[Redacted]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8-19-18</u>	Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. SO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Crum

First Name

Crystal

Middle Name

Loren

Suffix

Home Address (NC Residential Address.)

62 McAdams Dr

Mailing Address (if different than home address.)

1105 Able St

City

Elizabethtown

State

NC

Zip Code

28337

City

Elizabethtown

State

NC

Zip Code

28337

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

Mailing Address
PO Box 512
Elizabethtown

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Cromantie		First Name Leo		Middle Name Thomas	Suffix	Date of Birth
Home Address (NC Residential Address.) 78 Pompe Rd.				Mailing Address (if different than home address.) PO Box 602		
City Elizabethtown	State NC	Zip Code 28337	City Dublin	State NC	Zip Code 28332	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)		
If "No," indicate the date of your move: 1-1						
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X			Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian		RECEIVED AUG 17 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
Requestor's Address	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
City	State	Zip Code	Name of Corporation (if appointed legal guardian)	
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent,
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature
X

Signature of Near Relative/Legal Guardian (if applicable)

8-11-18
Date

X

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1692-012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Moultrie</u>		First Name <u>Keith</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>810 James St</u>				Mailing Address (if different than home address.) <u>P.O. Box 1002</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1002</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

8-19-30

X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name <u>Henny</u>		First Name <u>Kimberly</u>		Middle Name <u>Lanee</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>204 Wright Street Apt 16C</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>				Voter Registration No. <u>0110001</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
City		State	Zip Code	Name of Corporation (if appointed legal guardian)		
Requestor's Phone		Requestor's Email				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>[Redacted]</u>	Date <u>7-11-18</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>	Date <u>7-11-18</u>
--------------------------------	------------------------	---	------------------------



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED
AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1694 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Date

Voter Information

Election Type (Primary, General, Municipal, Special, etc.)

Last Name

Cromartie

First Name

Bernadette

Middle Name

Wooten

Suffix

Date of Birth

Home Address (NC Residential Address.)

78 Pompe Rd.

Mailing Address (if different than home address.)

PO Box 602

City

Elizabethtown

State

NC

Zip Code

28337

City

Dublin, NC

State

NC

Zip Code

28332

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move: 1/1

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as ~~Unaffiliated~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



RECEIVED

AUG 17 2018 Exhibit 4.2.3.1.2

28337

Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov1695 of 2469
FAX: 910-862-7820TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Nakkia</u>		Middle Name <u>Chanel</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>21 Blue Moon Dr</u>				Mailing Address (If different than home address.)			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>NC</u>				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX - [REDACTED]</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED] 8-30-18
DateX [REDACTED]
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1696 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Courney</u>		First Name <u>Timothy</u>		Middle Name <u>Eugene</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>12437 Hwy 87 West</u>				Mailing Address (if different than home address.)		
City <u>Tar Heel</u>		State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>				Voter Registration No. <u>XXXXXX</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

Signature of Near Relative/Legal Guardian (if applicable)

8-30-18

X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1697 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Brown		First Name Joi		Middle Name Cassandra		Suffix	
Home Address (NC Residential Address.) 356 Happy Valley Rd				Mailing Address (If different than home address.)			
City Elizabethtown		State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: / /				Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions)		SSN X X X - X X		Voter Registration No. Optional		Email (optional)	
NC License or ID Number							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law Requestor's Address <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Address			Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Sign

X

Signature of Near Relative/Legal Guardian (if applicable)

X

8-17-18

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 5, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Shaw		First Name Chantel		Middle Name Angel	Suffix
Home Address (NC Residential Address) 204 Wright Street Unit A1				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: Yes			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number X X X - X X -					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)	Date
X	7-30-18



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

1699 of 2469

Physical Address:
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Ballard</u>		First Name <u>Sames</u>		Middle Name <u>F</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>208 Shawn Hill</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		
NC License or ID Number		SSN <u>X X X - X X</u>	Phone (optional)			
			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

[Signature]

Date _____



AUG 17 2018
Exhibit 4.2.3.1.2
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Elizabethtown NC
28337

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

Mailing Address
PO Box 512
17001-2469

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Date

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Pridgen		First Name Clifton		Middle Name	Suffix
Home Address (NC Residential Address.) 10759 St College St APT 2K				Mailing Address (if different than home address.)	
City Clarkton		State NC	Zip Code 28433	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1-1-				Voter Registration No. Optional	Phone (optional) Email (optional)
You must provide at least one identification number below. (or see instructions) NCLicense or ID Number [REDACTED] SSN XXX - XX - [REDACTED]					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
City		State	Zip Code	Name of Corporation (if appointed legal guardian)		
				Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

8-18-18

Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1701 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Campbell</u>	First Name <u>Sylvester</u>	Middle Name <u>M</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>401 Quail St</u>		Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)
NC License or ID Number	SSN <u>X X X - X X [REDACTED]</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas):	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8-21-18</u>	Date



AUG 17 2018 Exhibit 4.2.3.1.2

ELIZABETHTOWN NC
28337
PHONE: 910-862-6951
bladen.boe@ncsbe.govPO BOX 512
Elizabethtown
1702 of 2469
FAX: 910-862-7820TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION


on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

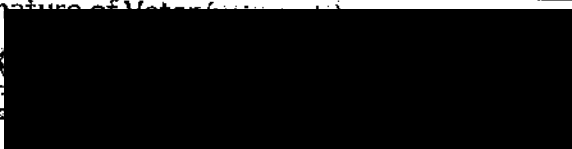
Last Name <u>Whitfield</u>		First Name <u>Charles</u>		Middle Name <u>T</u>	Suffix 
Home Address (NC Residential Address.) <u>10759 St College St APT 1 E</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (for see instructions) NC License or ID Number <u>X X X - X X -</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter 	Signature of Near Relative/Legal Guardian (if applicable) <u>7-27/18</u> X
Date	Date



State Absentee Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS. 1703 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Robinson		First Name Arnita		Middle Name	Suffix
Home Address (NC Residential Address): 401 Swamy Ridge Apt 101				Mailing Address (if different than home address):	
City Elizabethtown		State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: 1-1-				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X -				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.):		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-29-18 X

Date

Date



AUG 17 2018 4.2.3.1.2

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONSElizabethtown NC
28337
PHONE: 910-862-6951
bladen.boe@ncsbe.govPO BOX 512
Elizabethtown
1704 of 2469
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McAllister</u>		First Name <u>Gayle</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>44 George Kelly Rd</u>				Mailing Address (if different than home address.) <u>PO Box 821</u>		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional)	
					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (or Requestor) <u>[REDACTED]</u> Date <u>7-13-18</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> Date <u> </u>
--	--



North Carolina

AUG 17 2018
Exhibit 4.2.3.1.2TIME REC'D BY
BLADEN CO. SO. OF ELECTIONSELIZABETHTOWN, NC
28337PHONE: 910-862-6951
bladen.boe@ncsbe.govPO BOX 512
Elizabethtown
1705 of 2469
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McAllister</u>		First Name <u>Cassandra</u>		Middle Name <u>Denise</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>PO Box 821 44 George Kelly Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 821</u>		City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>7-13-18</u> <u>X</u>
Date	Date



North Carolina

AUG 17 2018

Exhibit 4.2.3.1.2
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONSElizabethtown NC
28337PHONE: 910-862-6951
bladen.boe@ncsbe.govPO BOX 512
Elizabethtown
1706 of 2469
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Powell</u>		First Name <u>James</u>		Middle Name <u>M</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>10759 S. College St APT 2G</u>				Mailing Address (if different than home address.)		
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (for see instructions) NC License or ID Number <u>XX XX - XX - </u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Exhibit 4.2.3.1.2

28337

Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov1707 of 2469
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Weldon</u>		First Name <u>Shirl</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>10759 College St APT 1-A</u>				Mailing Address (if different than home address.)		
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>				County of Residence <u>Bladen</u>		Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
<u>7-13-18</u>	
Date	Date



State Absentee Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1708 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Rogers	First Name Angeline	Middle Name G	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 911 MLK DR		Mailing Address (If different than home address.) P.O. Box 1597		
City Elizabethtown	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 1597		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature X	Signature of Near Relative/Legal Guardian (if applicable) X
Date 7-13-18	Date

Scan Date	Batch Number	Source Code	Batch ID
2018-08-24 10:06AM	3	17	9527

Exhibit 4.2.3.1.2
1710 of 2469

Scan Date/Time: 2018-08-24 10:06AM
Batch Number: 3
Batch Size: 31
Source Code: 17
Batch ID: 9527
Operator: cwilliams

Lola Wooten



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 24 2018

TO: Bladen County Board of Elections

Physical Address
301 S. Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Tues Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dellinger</u>		First Name <u>Allison</u>		Middle Name <u>Dumas</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1394 BayTree Dr.</u>				Mailing Address (if different than home address.) <u>1205 S. Main St.</u>		
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City <u>Blacksburg</u>	State <u>VA</u>	Zip Code <u>24060</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) [REDACTED] SSN <u>XXX - XX - [REDACTED]</u>			Voter Registration No. [REDACTED]		Phone (optional) [REDACTED]	
					Email (optional) <u>allid94@ut.edu</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1205 S. Main St.</u>		City <u>Blacksburg</u>	State <u>VA</u>	Zip Code <u>24060</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u> [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>08/23/18</u>	Date _____



State Absentee Ballot Request Form
North Carolina

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1712 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsba.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Monica</u>		Middle Name <u>R.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>304 Quail St</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>L</u>	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				Previous Name (if applicable)		
You must provide at least one identification number below: (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address	

Sign X Signature of Near Relative/Legal Guardian (if applicable)
Date 7/20/18 X
Date _____



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1713 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 522
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Norman</u>		First Name <u>William</u>		Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>204 Wrights St Apt 13</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/18</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1714 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lloyd</u>		First Name <u>Karen</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address) <u>204 Wright St. Apt. 34E</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NCLicense or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (must be signed by voter) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-7-18</u>	Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
7715 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Smoleton		First Name Tierra		Middle Name C	Suffix MS
Home Address (NC Residential Address) 204 Wright Street Apt 29				Mailing Address (If different than home address.)	
City Elizabethtown		State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN XXX - XX -				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

07/17/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2
RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1716 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hutny</u>	First Name <u>Amble</u>	Middle Name <u>Shale</u>	Suffix
Home Address (NC Residential Address) <u>2204 Wright St Apt 8</u>		Mailing Address (if different than home address.)	
City <u>E-Town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>E-</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
Requestor's Address	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-11-18
Date

X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 717.661.2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Lloyd		First Name Octavian		Middle Name Amant	Suffix	Date of Birth
Home Address (NC Residential Address.) 204 Wright St. Apt. 34E				Mailing Address (If different than home address.)		
City Elizabethtown		State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X -				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
X
7/18/18
Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Griffin</u>		First Name <u>Varonice</u>		Middle Name <u>Hicelee Emma</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>204 Wright St apt D25</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		
NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7-11-18
Date

X

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1719 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Rouse</u>	First Name <u>Londrecus</u>	Middle Name <u>Montelle</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>204 Wright St. Apt 11B</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter X 07-20-18 Date
Signature of Near Relative/Legal Guardian (if applicable) X Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1720 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKiver</u>	First Name <u>Ashley</u>	Middle Name <u>Sade</u>	Suffix	DOB
Home Address (NC Residential Address.) <u>204 Waight St Apt #27</u>		Mailing Address (if different than home address.) <u>same</u>		
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>same</u>	State <u>same</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>204 Waight St Apt #27</u>		City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Sig: [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
Date: 7-20-18 X
Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1721 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Washington</u>		First Name <u>Shumeeeka</u>		Middle Name <u>Yvonne</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>204 Wright St Apt 11</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX - XX - [REDACTED]</u> SSN: <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-20-18</u>	Date



State Absentee Ballot Form
North Carolina

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1722 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gillespie</u>		First Name <u>Dollie</u>		Middle Name <u>Jean</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>372 Browns Creek Rd.</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (onsee instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter [REDACTED] Date 7-2018
Signature of Near Relative/Legal Guardian (if applicable) X
Date _____



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1725 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>	First Name <u>Stacy</u>	Middle Name <u>Lee</u>	Suffix <u>Jr</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>320 Brauns Creek Church Rd</u>		Mailing Address (if different than home address)		
City <u>Elizabethtown</u>	State <u>Nc</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional:	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1724 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Monroe</u>		First Name <u>Alexis</u>		Middle Name <u>C</u>	Suffix
Home Address (NC Residential Address): <u>204 wright street Apt 9B</u>				Mailing Address (If different than home address.): [REDACTED]	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - X</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
City		State	Zip Code	Name of Corporation (If appointed legal guardian)
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-11-18
Date

X

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1725-612469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Hall</u>	First Name <u>Precious</u>	Middle Name <u>Nicole</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>372 Browns Creek Church rd</u>		Mailing Address (If different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. Optional	Phone (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
City		State	Zip Code	Name of Corporation (If appointed legal guardian)
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] 7-18-18 X
Date



State Absentee Ballot Request Form
North Carolina

AUG 17 2018

TIME REC'D BY
BLADEN CO. SO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1726 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDowell</u>		First Name <u>Margaret</u>		Middle Name <u>A</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>320 Brown Creek Church Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below: (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

<u>X</u> <u>[REDACTED]</u> Date <u>7-18-18</u>	<u>X</u> Date
---	------------------



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
727-62469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Medowell</u>		First Name <u>Ruth</u>		Middle Name <u>H</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>414 H Golden Village</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN: <u>XXX - XX</u> [REDACTED]				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

First Name

Middle Name

Suffix

Home Address (NC Residential Address)

Mailing Address (If different than home address.)

City

State

Zip Code

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: / /

Bladen

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

Voter Registration No.
Optional

Phone (optional)

Email (optional)

X X X - X X -

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address:

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1729 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date:

Voter Information

Last Name <u>McDowd</u>		First Name <u>Robert</u>		Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>615 Brown Creek Church Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number below: (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sig [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
X
Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

4/16 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1730 of 2469

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Medowell</u>		First Name <u>Brandon</u>		Middle Name <u>D</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>615 Brown Creek Church Rd</u>				Mailing Address (If different than home address.) <u></u>	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u> Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>				Voter Registration No. Optional <u></u>	Phone (optional) <u></u> Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>				City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility: <u></u>						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>				
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>		Requestor's Email <u></u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Sign <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-18-18</u>	Date <u></u>



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1731 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Edge</u>	First Name <u>Patricia</u>	Middle Name <u>A</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>209 Merwin Mill Rd 25</u>			Mailing Address (If different than home address.) [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX-XX</u>			Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
		Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7-18-18
Date

X

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1732-612469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lee</u>	First Name <u>Tara</u>	Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>209 Mower Mill Rd Apt 2B</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

7-8-18

Date

Date



State Absentee Ballot Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1733 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Singleton</u>		First Name <u>Kabilla</u>		Middle Name <u>Ann</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>510 Mercer mill rd Apt 2</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>		City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX -</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1734 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hunt</u>	First Name <u>Simmy</u>	Middle Name	Suffix
Home Address (NC Residential Address) <u>209 Marshall Rd Apt 25</u>		Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX</u> SSN: <u>XXXX-XX</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <u>XXXX</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-15-18

X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1735 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Frederick</u>		First Name <u>Seider</u>		Middle Name <u>H</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>4200 East Main St APT</u>				Mailing Address (if different than home address.) [REDACTED]		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX - [REDACTED]</u>				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
City		State	Zip Code	Requestor's Phone
				Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

11378 X

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

NOV 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1736 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Date

Voter Information

Last Name <u>Leach</u>		First Name <u>Bernard</u>		Middle Name <u>-</u>	Suffix <u>-</u>	Date of Birth <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>2099 Mendenhall Rd Apt 110</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>-</u>	State <u>-</u>	Zip Code <u>-</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>-</u> / <u>-</u> / <u>-</u>				Previous Name (if applicable) <u>-</u>		
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		
NC License or ID Number <u>XXX - XX</u>		SSN <u>[REDACTED]</u>	Phone (optional) <u>-</u>			
			Email (optional) <u>-</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>-</u>		City <u>-</u>	State <u>-</u>	Zip Code <u>-</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>-</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>-</u>		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>-</u>		Name of Corporation (if appointed legal guardian) <u>-</u>		
City <u>-</u>	State <u>-</u>	Zip Code <u>-</u>	Requestor's Phone <u>-</u>	Requestor's Email <u>-</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>-</u>		Fax Number or Email Address <u>-</u>	

Signature of Voter <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>11-13-18</u>	Date <u>-</u>



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1737 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Rhone</u>		First Name <u>Sheronda</u>		Middle Name <u>Ronise</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>510 Mercer mill Apt 3</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)
7-13-18 X
Date



State Absentee Ballot Request Form
North Carolina

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1738 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name <u>Clemmons</u>		First Name <u>Blanchie</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1209 Martin Luther King Dr</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		
NC License or ID Number		SSN	Phone (optional)			
<u>X X X - X X -</u>		<u>[REDACTED]</u>	Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED] 7-13-18 X
Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
1739 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Cleo</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1204 Lewis St</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		
NC License or ID Number		SSN	Phone (optional)			
<u>X X X - X X</u>		<u>[REDACTED]</u>	Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-13-18

X

Date

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
1740 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Rogers</u>		First Name <u>Montrell</u>		Middle Name <u>Jerel</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>1213 cotton st</u>				Mailing Address (if different than home address.) [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name						
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Address				Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-13-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

1741 of 2469

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Clark</u>	First Name <u>Shontela</u>	Middle Name <u>D</u>	Suffix <u>MS</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>201 Wright Street Apt 29</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18
Date

X

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-17 3:29PM	15	17	9790

Scan Date/Time: 2018-10-17 3:29PM
Batch Number: 15
Batch Size: 20
Source Code: 17
Batch ID: 9790
Operator: vpmckoy

Jessica Dowless
(McCrae Dowless)



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1743 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cain</u>		First Name <u>Marie</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address) <u>322 Sunset Park Rd</u>				Mailing Address (if different than home address)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX</u> SSN: <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>Bladenboro, NC</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address:

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p. 80

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 11

I am requesting an absentee ballot for the:

GENERAL ELEC

Election Type (Primary, General, etc.)

Voter Information

Last Name

First Name

Mark

Hayleigh

Home Address (NC Residential Address.)

240 Gilpert R Edge Rd

Mailin

City

Taylerville

State

NC

Zip Code

28312

City

Have you lived at this address for more than 30 days?

☒ Yes ☐ No

County

If "No," indicate the date of your move:

You must provide at least one identification number below (for see instructions)

NC Voter ID Number

SSN

Voter Re

X X X - X X -

Call her, she
said she did not
do a request
and that her
last name was
NOT Mark
10-20

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot.

☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1745 of 2469

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p. 80

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Mark</u>		First Name <u>Hayleigh</u>		Middle Name <u>B</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>240 Gilpert R Edge Rd</u>				Mailing Address (if different than home address.)		
City <u>Taylorsville</u>		State <u>NC</u>	Zip Code <u>28312</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>1/1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>354</u> <u>X X X - X X</u>				Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law Requestor's Address <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

09/04/18
Date

Date

NORTH CAROLINA VOTER REGISTRATION APPLICATION

Please use black ink and print legibly.

1746 of 2409

1 Are you a citizen of the United States of America? ☒ Yes ☐ No

IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.

Will you be at least 18 years of age on or before election day? ☒ Yes ☐ No

Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? ☒ Yes ☐ No

IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required) mark

First Name (Required) Hauleigh

Middle Name (Required) B

☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V

3 State of Birth/Country of Birth NC

If you have a NC drivers license or non-operators ID card, enter the number below.

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes

4 Street Address where you live (Required) 240 Gilbert R Edge Rd

City (Required) Jayetteville

County Bladen

Have you lived here for 30 days or more? ☒ Yes ☐ No

If "No," date moved? MMDDYYYY

State NC Zip Code 28312

Apartment, Lot, or Unit Number

Phone (Optional)

MAILING ADDRESS

5 Mailing Address (if you do not receive mail at your residential address)

Mailing Address Line 1 Same

Mailing Address Line 2

City

State Zip Code

MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.

RECEIVED

SEP 04 2016

TIME REC'D BY
BLADEN CO. RD. OF ELECTIONS

6 GENDER ☒ Female ☐ Male

RACE ☐ African American/Black ☐ Asian ☒ White ☐ American Indian/Alaska Native ☐ Multiracial ☐ Other

ETHNICITY ☐ Hispanic/Latino ☒ Not Hispanic/Latino

POLITICAL PARTY AFFILIATION ☐ Democrat ☐ Republican ☐ Libertarian ☒ Unaffiliated ☐ Other

If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)

7 Last Name used in Previous Registration

First Name used in Previous Registration

Previous Address

Previous County

Previous City

Previous State

Previous Zip Code

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:

- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
- I have not been convicted of a felony, or if I have been, I am canceling that registration at this time; and

(Citizenship and voting rights are automatically restored upon release from prison, including any probation or parole. document is needed.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.

version 09/2016

BOARD OF ELECTIONS.

09/04/18

Scan Date	Batch Number	Exhibit 4.2.3.1.2 Source Code	1747 of 2469 Batch ID
2018-10-17 12:47PM	7	17	9782

Scan Date/Time: 2018-10-17 12:47PM
Batch Number: 7
Batch Size: 60
Source Code: 17
Batch ID: 9782
Operator: gward

Jessica Dowless brought
in on 10/15/18 - BW.



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1748 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information				
Last Name Resendiz	First Name Ashley	Middle Name Loren	Suffix	Date of Birth
Home Address (NC Residential Address.) 27 Bethel Church Rd		Mailing Address (if different than home address.)		
City Dublin	State NC	Zip Code 28332	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/1		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX		Voter Registration No. Optional		
		Phone (optional)		
		Email (optional)		

Absentee Voting Information				
Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Requestor's Phone		
City		Requestor's Email		
State		Zip Code		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)			
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature X	Signature of Near Relative/Legal Guardian (if applicable) X
Date 8-28-18	Date

NORTH CAROLINA VOTER REGISTRATION APPLICATION

Please use black ink and print legibly.

Exhibit 4.2.3.1.2

1749 of 2469

07

1 Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.	Will you be at least 18 years of age on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.
---	--

2 Last Name (Required) Resendiz First Name (Required) Ashley Middle Name (Required) Lauren <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	3 Date of Birth (MM/DD/YYYY) [Redacted] State of Birth/Country of Birth Bladen NC If you have a NC drivers license or non-operators ID card, enter the number below. [Redacted] <input type="checkbox"/> Check here if you do not have a NC drivers license, ID card, or a SSN.
---	--

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes

4 Street Address (where you live) (Required) 116 Britt St		Apartment, Lot, or Unit Number	
City (Required) Bladenboro		State NC	Zip Code 28320
County Bladen	Have you lived here for 30 days or more? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "No," date moved? MM/DD/YYYY	Phone (Optional) 9105490112

MAILING ADDRESS

5 Mailing Address (If you do not receive mail at your residential address) PO BOX 743
Mailing Address Line 2 [Redacted]
City Bladenboro
State NC
Zip Code 28320

MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.

RECEIVED

MAR 14 2018

TIME _____ RECD BY _____
BLADEN CO. BD. OF ELECTIONS

6 GENDER		RACE		ETHNICITY	POLITICAL PARTY AFFILIATION	
<input checked="" type="checkbox"/> Female	<input type="checkbox"/> African American/Black	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Democrat	<input checked="" type="checkbox"/> Republican	<input type="checkbox"/> Libertarian
<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Multiracial	<input checked="" type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Unaffiliated	<input type="checkbox"/> Other _____	
	<input checked="" type="checkbox"/> White	<input type="checkbox"/> Other		If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."		

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)

7 Last Name used in Previous Registration	First Name used in Previous Registration
Previous Address	Previous County
Previous City	Previous State
	Previous Zip Code

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:

- I am a United States citizen, as indicated above;
 - I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
 - I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
 - I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
 - I have not been convicted of a felony, or if I have, I am not currently on probation or parole.
- (Citizenship and voting rights are automatic. No special document is needed.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.

version092016

YOUR COUNTY BOARD OF ELECTIONS.

3-12-18
Date



County of Bladen
Board of Elections
P.O. Box 512
Elizabethtown, North Carolina 28337

CHARLOTTE NC 282

18 OCT 2018 PM 4 L

October 17, 2018

TO:	ASHLEY LOREN RESENDIZ 27 BETHEL CHURCH RD DUBLIN, NC 28332	NIXIE	276 DE 1	0010
			RETURN TO SENDER UNCLAIMED UNABLE TO FORWARD	
	28337-0512	8C:	28337051212	*2348-04117

Exhibit 4.2.3.1.2



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1751 of 2469 p 15

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Resendiz</u>		First Name <u>Austin</u>		Middle Name <u>William</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>27 Bethel Church Rd</u>				Mailing Address (if different than home address.)			
City <u>Dublin</u>		State <u>NC</u>	Zip Code <u>28332</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX X - XX - [REDACTED]</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Address			Name of Corporation (if appointed legal guardian) <u>BLADEN CO. BD. OF ELECTIONS</u>			
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X [REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
<u>8-28-18</u> Date	<u> </u> Date



County of Bladen
Board of Elections
P.O. Box 512
Elizabethtown, North Carolina 28337

CHARLOTTE NC 2832
18 OCT 2018 PM 4 L

TO:

AUSTIN WILLIAM RESENDIZ
27 BETHEL CHURCH RD
DUBLIN, NC 28332

COVER 112

MX1F

276 DE 1

0010/22/1

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC:

28337051212

*2348-04088-1976

283370512
28332

Scan Date	Batch Number	Source Code	Batch ID
2018-10-17 4:24PM	16	17	9791

Scan Date/Time: 2018-10-17 4:24PM

Batch Number: 16

Batch Size: 20

Source Code: 17

Batch ID: 9791

Operator: vpmckoy

Jessica Dowless
(McCrack Dowless)



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

COPY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Miller</u>		First Name <u>Mary</u>		Middle Name <u>E</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>6759 Twisted Hickory</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name McDowell		First Name Harold		Middle Name J	Suffix	Date of Birth
Home Address (NC Residential Address.) 3314 Peanut Plant Rd				Mailing Address (If different than home address.)		
City Elizabethtown		State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: 1/1/18				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number XXX - XX				Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican		TIME RECEIVED OCT 15 2018 BLADEN CO. BO. OF ELECTIONS		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No		Non-partisan		
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X	Signature of Near Relative/Legal Guardian (if applicable) X
Date 8-28-18	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 756-012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Norris	First Name Hunter	Middle Name Lee	Suffix	Date of Birth
Home Address (NC Residential Address) 2987 NC 242 S		Mailing Address (if different than home address.)		
City Elizabethtown	State NC	Zip Code 28937	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

9-16-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1757 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Shelly</u>		First Name <u>Stanzell</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address) <u>424 Martin Luther King</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>/ /</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License and/or Number <u>3571</u> <u>X X X - X X</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 183</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference BY <u>RECEIVED</u> <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <u>BLADEN CO. OF ELECTIONS</u> <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD 07580062469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name:

Hinlaw

First Name

Patricia

Middle Name

Suffix

Home Address (NC Residential Address.)

578 Happy Valley

Mailing Address (If different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: ____/____/____

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

RECEIVED

Absentee Mailing Address (Where should the ballot be mailed?)

City

OCT 15 2018

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:☐ Democratic☐ Republican

BLADEN CO. BO. OF ELECTIONS

☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Stuart Neil Murphy

☐ spouse☒ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

3512 NC 242 S

Name of Corporation (If appointed legal guardian)

City

Elizabethtown

State

NC

Zip Code

28337

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X Stuart Neil Murphy 9/6/18

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1759 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Marchmon</u>	First Name <u>Jerome</u>	Middle Name <u>Jerry</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>1872 Twisted Hickory</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u> / / </u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

RECEIVED
OCT 15 2018
TIME 12:00 PM
REC'D BY [REDACTED]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City <u>OCT 15 2018</u>	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot for the following party: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

10: BLADEN COUNTY BOARD OF ELECTIONS
Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information				
Last Name Matheson	First Name Tabitha	Middle Name Rae	Suffix	Date of Birth
Home Address (NC Residential Address.) 1105 Bullard St		Mailing Address (if different than home address.)		
City Elizabethtown	State	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional		
NC License or ID Number	SSN X X X - X X	Phone (optional)	Email (optional)	

Absentee Voting Information				
Absentee Mailing Address (Where should the ballot be mailed?) Same	City RECEIVED OCT 15 2018	State	Zip Code	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
Requestor's Address	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's City	Requestor's State	Requestor's Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter X	Signature of Near Relative/Legal Guardian (if applicable) 8-09-18 X
Date	Date

Data



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1762-012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Bullard</u>	First Name <u>Lonnie</u>	Middle Name <u>Irene</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>3109 Grimsley Farm Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX [REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>BLADEN CO. ED. OF ELECTIONS</u>	State <u>NC</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ EmailFax Number or Email Address
[REDACTED]

Signature of Voter (voter only)

X8-14-18

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
1763 of 2469
Physical Address: 301 S Cypress St
Elizabethtown NC 28337
Mailing Address: PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Date

Voter Information		Election Type (Primary, General, Municipal, Special, etc.)		on		NOVEMBER 6, 2018		Election Date	
Last Name	First Name	Middle Name	Suffix	Date of Birth					
Charbonnier	Kenneth	H							
Home Address (NC Residential Address.)				Mailing Address (if different than home address.)					
243 Armfield St									
City	State	Zip Code	City	State	Zip Code				
Elizabethtown	NC	28337							
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence			Previous Name (if applicable)			
If "No," indicate the date of your move: / /			Bladen						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional			Phone (optional)			Email (optional)
NC License or ID Number			SSN						
X X X - X X									

Absentee Voting Information				RECEIVED					
Absentee Mailing Address (Where should the ballot be mailed?)				City		State		Zip Code	
Same as above				Elizabethtown		NC		28337	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference OF ELECTIONS.				TIME		RECD BY			
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan									
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No									
If "Yes," what is the name and address of the hospital or facility:									
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:									
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent					
Requestor's Address				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law					
243 Armfield St				<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input checked="" type="checkbox"/> legal guardian					
City				Name of Corporation (if appointed legal guardian)					
Elizabethtown									
State				Requestor's Phone		Requestor's Email			
NC									
Zip Code									
28337									

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter (voter only)		Signature of Near Relative/Legal Guardian (if applicable)	
X		X Jody Bartleson	
Date		Date	
		8-25-18	



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1764 of 2469 p10

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Brown	First Name Willa	Middle Name M	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) 12040 Twisted Hickory Rd		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____				
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number	SSN X X X - X X	[REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
RECEIVED OCT 15 2018			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
1765 61 2469
Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Benson</u>		First Name <u>Norris</u>		Middle Name <u>Wayne</u>	Suffix <u>Jr</u>
Home Address (NC Residential Address.) <u>156 Lester King Rd</u>				Mailing Address (if different than home address.)	
City <u>Tarheel</u>		State <u>NC</u>	Zip Code <u>28392</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____					
You must provide at least one identification number below. (or see instructions)				Voter Registration No.	Phone (optional) Email (optional)
NC License or ID Number		SSN <u>X X X - X X -</u>		Optional	

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
		Name of Corporation (if appointed legal guardian)	
City	State Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date	Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 766-672469

Physical Address
3015 Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P20

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ballard</u>		First Name <u>Carmella</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>390 Twisted Hickory Apt 18</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28332</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				County of Residence		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>				Voter Registration No. <u> </u> Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
RECEIVED OCT 15 2018 TIME REC'D BY: <u> </u> BLADEN COUNTY BOARD OF ELECTIONS				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in voting your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: <u> </u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u> </u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

1 Are you a citizen of the United States of America? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.

Will you be at least 18 years of age on or before election day? ☒ Yes ☐ No
Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required) WILLIAMS
First Name (Required) MASHIELIA
Middle Name (Required)
☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V

3 State of Birth/Country of Birth NC
If you have a NC drivers license or non-operators ID card, enter the number below.
Check here if you do not have a NC drivers license, ID card, or a SSN.

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes

4 Street Address where you live (Required) 390 HAWES RD Apt 8
City (Required) Elizabeth City
County BLADEN
Have you lived here for 30 days or more? ☒ Yes ☐ No
If "No," date moved? MMDDYYYY
Apartment, Lot, or Unit Number
State NC Zip Code 28337
Phone (Optional)

MAILING ADDRESS

5 Mailing Address (If you do not receive mail at your residential address)
Mailing Address Line 2
City
State
Zip Code

MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.
RECEIVED
APR 11 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

6 GENDER RACE ETHNICITY POLITICAL PARTY AFFILIATION

☒ Female ☒ African American/Black ☐ American Indian/Alaska Native ☐ Hispanic/Latino ☐ Democrat ☐ Republican ☐ Libertarian
☐ Male ☐ Asian ☐ Multiracial ☒ Not Hispanic/Latino ☒ Unaffiliated ☐ Other
If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)

7 Last Name used in Previous Registration
First Name used in Previous Registration
Previous Address
Previous County
Previous City
Previous State
Previous Zip Code

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:

- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state;
- I have not been convicted of a felony, or if convicted, my civil rights have been restored.

(Citizenship and voting rights are automatic for those born in the United States.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.

version092016

Date

04/10/18



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1768 of 2469
Physical Address: 301 S Cypress St
Elizabethtown NC 28337
Mailing Address: PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information			
Last Name <u>Somde II</u>	First Name <u>Delores</u>	Middle Name <u>Michelle</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>419 Elizabethtown Rd</u>		Mailing Address (If different than home address.) [Redacted]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City [Redacted]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX - XX - [Redacted]</u>		Voter Registration No. [Redacted]	Phone (optional) [Redacted]
		Email (optional)	

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>Bladenboro</u>	State <u>NC</u>
		Zip Code <u>28320</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> <u>Liberal</u> <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>Bladen Co. Bd. of Elections</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>9/1/18</u> <u>X</u>
Date	Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
1769 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name Stephens		First Name William		Middle Name A	Suffix
Home Address (NC Residential Address) 700 Chestnut				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: / /				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X -				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: TIME REC'D BY OCT 15 2018				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name Requestor's Address City State Zip Code Requestor's Phone Requestor's Email				
Name of Corporation (if appointed legal guardian)				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-29-18 X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 17705012469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Riggins

First Name

Clayton

Middle Name

L

Suffix

Home Address (NC Residential Address.)

1668 Twisted Hickory

Mailing Address (if different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1/18

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

RECEIVED

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: ☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1771 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Morris	First Name Johnny	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 10898 S College St Apt 47A		Mailing Address (if different than home address.)		
City Clarkton	State NC	Zip Code 28433	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move: <u> / / </u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN XXX - XX - [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City RECEIVED OCT 15 2018	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (or Requestor)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

Are you a citizen of the United States of America? ☒ Yes ☐ No
Will you be at least 18 years of age on or before election day? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.
IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required) Morris
First Name (Required) Johnny
Middle Name (Required)
☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V

3 Date of Birth MM/DD/YYYY
State of Birth/Country of Birth NC
If you know your NC Voter Registration Number, enter it below.
If you have a NC drivers license or non-operators ID card, enter the number below.
Check here if you do not have a NC drivers license, ID card, or a SSN.

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes

4 Street Address where you live (Required) 10898 S College St
City (Required) Clarkston
County Bladen
Have you lived here for 30 days or more? ☒ Yes ☐ No
If "No," date moved? MM/DD/YYYY
Apartment, Lot, or Unit Number
State NC Zip Code 28433
Phone (Optional)

MAILING ADDRESS

5 Mailing Address (If you do not receive mail at your residential address) Same
Mailing Address Line 2
City
State Zip Code
MAP/DIAGRAM: If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.

6 GENDER: ☐ Female, ☒ Male
RACE: ☐ African American/Black, ☐ Asian, ☒ White, ☐ American Indian/Alaska Native, ☐ Multiracial, ☐ Other
ETHNICITY: ☐ Hispanic/Latino, ☒ Not Hispanic/Latino
POLITICAL PARTY AFFILIATION: ☐ Democrat, ☐ Republican, ☐ Libertarian, ☒ Unaffiliated, ☐ Other

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)

7 Last Name used in Previous Registration
First Name used in Previous Registration
Previous Address
Previous County
Previous City
Previous State
Previous Zip Code

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:
- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
- I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole.
(Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.

9/26/18
Date
MOISTEN, FOLD, SEAL AND MAIL TO YOUR COUNTY BOARD OF ELECTIONS.



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 973-612469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Morris	First Name Sandy	Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 10898 S College St Apt 47A		Mailing Address (If different than home address.)		
City Clarkton	State NC	Zip Code	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/18		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican		RECEIVED OCT 15 2018 REC'D BY BLADEN CO. BO. OF ELECTIONS		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," what is the name and address of the hospital or facility:		
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

1 Are you a citizen of the United States of America? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.

Will you be at least 18 years of age on or before election day 1774 of 2469 ☒ Yes ☐ No
Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required) Morris
First Name (Required) Sandy
Middle Name (Required)
☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V

3 Date of Birth MM/DD/YYYY
State of Birth/Country of Birth NC
If you know your NC Voter Registration Number, enter it below.
If you have a NC drivers license or non-operators ID card, enter the number below.
☐ Check here if you do not have a NC drivers license, ID card, or a SSN.

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes.

4 Street Address where you live (Required) 10898 S College St
City (Required) Clarkton
County Bladen
Apartment, Lot, or Unit Number 47-A
State NC Zip Code
Have you lived here for 30 days or more? ☐ Yes ☐ No
If "No," date moved? MM/DD/YYYY
Phone (Optional)

MAILING ADDRESS

5 Mailing Address (If you do not receive mail at your residential address)
Same
Mailing Address Line 2
City
State Zip Code

MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.

6 GENDER RACE ETHNICITY POLITICAL PARTY AFFILIATION
☐ Female ☐ African American/Black ☐ American Indian/Alaska Native ☐ Hispanic/Latino ☐ Democrat ☐ Republican ☐ Libertarian
☐ Male ☐ Asian ☐ Multiracial ☒ Not Hispanic/Latino ☒ Unaffiliated ☐ Other
☐ White ☐ Other
If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)

7 Last Name used in Previous Registration
First Name used in Previous Registration
Previous Address
Previous County
Previous City
Previous State
Previous Zip Code

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:

- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
- I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole. (Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.

X
Sig

Date

9/6/18



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

COPY

TO: BLADEN COUNTY BOARD OF ELECTIONS
 Physical Address: 301 S Cypress St, Elizabethtown NC, 28337
 Mailing Address: PO Box 512, Elizabethtown
 PHONE: 910-862-6951 FAX: 910-862-7820
 bladen.boe@ncsbe.gov

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information							
Last Name <u>Regans</u>		First Name <u>Demond</u>		Middle Name <u>B</u>	Suffix <u>[REDACTED]</u>		
Home Address (NC Residential Address.) <u>1813 Twisted Hickory Rd</u>				Mailing Address (if different than home address.)			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>				Voter Registration No. <u>03101</u>		Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>Elizabethtown</u>	State <u>NC</u>
		Zip Code <u>28337</u>	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot or <u>RECEIVED</u> <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u> <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> <u>[REDACTED]</u>
Date <u>9-1-18</u>	Date

Are you a citizen of the United States or America? ☒ Yes ☐ No Will you be at least 18 years of age on or before election day? ☒ Yes ☐ No
Exhibit 4-23.12 1776 of 2469
IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.
IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required) Regans
First Name (Required) Demand
Middle Name (Required) B
☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V
3 Date of Birth (MM/DD/YYYY) [REDACTED] State of Birth/Country of Birth [REDACTED]
If you have a NC drivers license or non-operators ID card, enter the number below. [REDACTED]
☐ Check here if you do not have a NC drivers license, ID card, or a SSN.

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes
4 Street Address where you live (Required) 1873 Twisted Hickory
City (Required) Elizabethtown
County Bladen
Have you lived here for 30 days or more? ☒ Yes ☐ No
If "No," date moved? MMDDYYYY
Apartment, Lot, or Unit Number
State NC Zip Code
Phone (Optional)

MAILING ADDRESS
5 Mailing Address (if you do not receive mail at your residential address)
1873 Twisted Hickory
Mailing Address Line 2
City Elizabethtown State NC Zip Code 28337
MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.

6 GENDER RACE ETHNICITY POLITICAL PARTY AFFILIATION
☐ Female ☒ African American/Black ☐ American Indian/Alaska Native ☐ Hispanic/Latino ☐ Democrat ☐ Republican ☐ Libertarian
☒ Male ☐ Asian ☐ Multiracial ☒ Not Hispanic/Latino ☒ Unaffiliated ☐ Other
☐ White ☐ Other
If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)
7 Last Name used in Previous Registration
First Name used in Previous Registration
Previous Address
Previous County
Previous City
Previous State
Previous Zip Code

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:
- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
- I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole.
(Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.

Signature [REDACTED]

Date 9-1-18



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 777-612469

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tyndall</u>		First Name <u>Emily</u>		Middle Name <u>Nicole</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>987 White Lake Dr</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX-XX-[REDACTED]</u> SSN: <u>XXX-XX-XXXX</u>				Voter Registration No. Optional		Phone (optional)	
				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>[REDACTED]</u>		State <u>[REDACTED]</u>		Zip Code <u>[REDACTED]</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian							
Requestor's Address <u>[REDACTED]</u>				Name of Corporation (if appointed legal guardian)			
City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>		Requestor's Email <u>[REDACTED]</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (voter only) <u>[REDACTED]</u>		Signature of Near Relative/Legal Guardian (if applicable) <u>[REDACTED]</u>	
Date <u>09-06-18</u>		Date <u>X</u>	

1 Are you a citizen of the United States of America? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.

Will you be at least 18 years of age on or before election 4.7.18 of 2469 ☒ Yes ☐ No
Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required) Tundall
First Name (Required) Emily
Middle Name (Required) Nicole
☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V

3 Date of Birth MMDDYYYY (Required) [REDACTED] State of Birth/Country of Birth NC
If you have a NC drivers license or non-operators ID card, enter the number below. [REDACTED]
☐ Check here if you do not have a NC drivers license, ID card, or a SSN.

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes

4 Street Address where you live (Required) 987 White Lake Dr
City (Required) Elizabethtown
County Bladen
Have you lived here for 30 days or more? ☒ Yes ☐ No
If "No," date moved? MMDDYYYY
Apartment, Lot, or Unit Number
State NC Zip Code 28337
Phone (Optional)

MAILING ADDRESS

5 Mailing Address (If you do not receive mail at your residential address) Same
Mailing Address Line 2
City
State
Zip Code

MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.

6 GENDER ☒ Female ☐ Male
RACE ☐ African American/Black ☐ Asian ☒ White
American Indian/Alaska Native ☐ Multiracial ☐ Other
ETHNICITY ☐ Hispanic/Latino ☒ Not Hispanic/Latino
POLITICAL PARTY AFFILIATION ☐ Democrat ☒ Republican ☐ Libertarian
☐ Unaffiliated ☐ Other
If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)

7 Last Name used in Previous Registration
First Name used in Previous Registration
Previous Address
Previous County
Previous City
Previous State
Previous Zip Code

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:

- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
- I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole. (Citizenship and voting rights are automatically restored upon completion of sentence, but a special document is needed.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.

version 092016

COUNTY BOARD OF ELECTIONS.

Date

09-00-18



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

1779 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bryan</u>	First Name <u>William</u>	Middle Name	Suffix
Home Address (NC Residential Address) <u>300 Brier Creek Dr</u>		Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

<u>X</u> <u>9-8-18</u> Date	<u>X</u> Date
-----------------------------------	------------------

1 Are you a citizen of the United States of America? ☒ Yes ☐ No **Exhibit 4: 2-8-18** Are you at least 18 years of age on or before election day, 1780 of 2469 ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.
Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required) Williams
First Name (Required) Bryan
Middle Name (Required) _____
☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V
3 Date of Birth MMDDYYYY (Required) _____ State of Birth/Country of Birth NC
If you have a NC drivers license or non-operators ID card, enter the number below. _____
Check here if you do not have a NC drivers license, ID card, or a SSN ☐

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes

4 Street Address where you live (Required) 300 Briar Creek Dr Apartment, Lot, or Unit Number _____
City (Required) Elizabethtown State NC Zip Code 28337
County Bladen Have you lived here for 30 days or more? ☒ Yes ☐ No If "No," date moved? MMDDYYYY _____ Phone (Optional) _____

MAILING ADDRESS

5 Mailing Address (If you do not receive mail at your residential address) Same
Mailing Address Line 2 _____
City _____ State _____ Zip Code _____
MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.

6 GENDER ☐ Female ☒ Male
RACE ☐ African American/Black ☐ American Indian/Alaska Native ☐ Asian ☐ Multiracial ☒ White ☐ Other
ETHNICITY ☐ Hispanic/Latino ☒ Not Hispanic/Latino
POLITICAL PARTY AFFILIATION ☐ Democrat ☒ Republican ☐ Libertarian ☐ Unaffiliated ☐ Other
If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)

7 Last Name used in Previous Registration _____ First Name used in Previous Registration _____
Previous Address _____ Previous County _____
Previous City _____ Previous State _____ Previous Zip Code _____

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:

- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
- I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole. (Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name Miller		First Name Jack		Middle Name D	Suffix
Home Address (NC Residential Address.) 6759 Twisted Hickory				Mailing Address (if different than home address.)	
City Elizabethtown		State NC	Zip Code	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move: / /				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional	Phone (optional) Email (optional)
SSN X X X - X X -					

Absentee Voting Information

RECEIVED

OCT 15 2018

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

9-10-18

Date

X

Date

IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.

Are you at least 16 years of age and understand that you must be 18 years of age before election day to vote? 1782 of 2469 ☐ Yes ☒ No

IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2	Last Name (Required) MILLER	3	State of Birth/Country of Birth NC/USA
	First Name (Required) JACK		If you know your NC Voter Registration Number, enter it below. 000003408553
	Middle Name (Required) DWAYNE		If you have a NC drivers license or non-operators ID card, enter the number below.
	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V		<input type="checkbox"/> Check here if you do not have a NC drivers license, ID card, or a SSN.

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes

4	Street Address where you live (Required) 6759 TWISTED HICKORY RD		Apartment, Lot, or Unit Number	
	City (Required) ELIZABETH TOWN		State NC	Zip Code 28337
	County BLADEN		If "No," date moved? MMDDYYYY	
	Have you lived here for 30 days or more? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Phone (Optional)	

MAILING ADDRESS

5	Mailing Address (If you do not receive mail at your residential address)		MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks. RECEIVED OCT 12 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS
	Mailing Address Line 2		
	City	State	
	Zip Code		

6	GENDER	RACE	ETHNICITY	POLITICAL PARTY AFFILIATION
	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Unaffiliated <input type="checkbox"/> Other

If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)

7	Last Name used in Previous Registration MILLER		First Name used in Previous Registration JACK	
	Previous Address		Previous County BLADEN	
	Previous City KELLY		Previous State NC	Previous Zip Code 28448

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:

- I am a United States citizen, as indicated above;
 - I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
 - I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
 - I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
 - I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole.
- (Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.

10/12/2018
Date
COUNTY BOARD OF ELECTIONS



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: 1783 of 2469
BLADEN COUNTY BOARD OF ELECTIONS.Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Burrington

First Name

Laura

Middle Name

Anne

Suffix

Home Address (NC Residential Address)

77 W Elm St

Mailing Address (if different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

TIME DEADLINE
BLADEN CO. BO. OF ELECTIONS

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

1 Are you a citizen of the United States of America? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.
Will you be at least 18 years of age on or before election day 784 of 2469 ☒ Yes ☐ No
Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required) Burrington
First Name (Required) Laura
Middle Name (Required) Anne
☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V
3 Date of Birth MMDDYYYY (Required) [REDACTED] State of Birth/Country of Birth [REDACTED]
If you know your NC Voter Registration Number, enter it below.
If you have a NC drivers license or non-operators ID card, enter the number below.
Check here if you do not have a NC drivers license, ID card, or a SSN. ☐

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes
4 Street Address where you live (Required) 77 W Elm St Apartment, Lot, or Unit Number [REDACTED]
City (Required) Elizabethtown State NC Zip Code 28337
County Bladen Have you lived here for 30 days or more? ☒ Yes ☐ No
If "No," date moved? MMDDYYYY [REDACTED] Phone (Optional) [REDACTED]

MAILING ADDRESS
5 Mailing Address (If you do not receive mail at your residential address):
Same
Mailing Address Line 2 [REDACTED]
City [REDACTED] State [REDACTED] Zip Code [REDACTED]
MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.

6 GENDER RACE ETHNICITY POLITICAL PARTY AFFILIATION
☒ Female ☐ African American/Black ☐ American Indian/Alaska Native ☐ Hispanic/Latino ☐ Democrat ☒ Republican ☐ Libertarian
☐ Male ☐ Asian ☐ Multiracial ☒ Not Hispanic/Latino ☐ Unaffiliated ☐ Other
☒ White ☐ Other
If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)
7 Last Name used in Previous Registration [REDACTED] First Name used in Previous Registration [REDACTED]
Previous Address [REDACTED] Previous County [REDACTED]
Previous City [REDACTED] Previous State [REDACTED] Previous Zip Code [REDACTED]

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:
- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am cancelling that registration at this time; and
- I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole.
(Citizenship and voting rights are automatically restored upon completion of sentence, including any probation or parole. A document is needed.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.
Date 8-15-18
MOISTEN, FOLD, SEAL AND MAIL TO YOUR COUNTY BOARD OF ELECTIONS.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

1785 of 2469
TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name WRIGHT	First Name STACY	Middle Name LANE	Suffix	Date of Birth
Home Address (NC Residential Address.) 200 GRACE ST		Mailing Address (If different than home address.) -		
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number below, for see instructions)		Voter Registration No. 000024821	Phone (optional)	Email (optional)
SSN X X X - X X				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 200 GRACE ST		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name NONE	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
				BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

10-11-18

X None

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name

Wright

First Name

Stacy

Middle Name

Lanc

Suffix

Home Address (NC Residential Address.)

200 Grace St

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Wright

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Non-partisan
If "Yes," what is the name and address of the hospital or facility: ☐ Yes ☐ No

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)
Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

17873962469
NOI if voter mailed in

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

BLADEN CO. BD. OF ELECTIONS

Election Type (Primary, General, Municipal, Special, etc.) on Election Date

Voter Information

Last Name WRIGHT		First Name STACY		Middle Name LANE	Suffix
Home Address (NC Residential Address.) 200 GRACE ST.				Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/18			Previous Name (if applicable)		
You must provide at least one identification number below. (NC License or ID Number)			SSN		
XXX - XX			Registration No. Optional		
			Phone (optional) 863-3259		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 200 GRACE ST.				City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependant.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-1-18 X None

Date

Date

SEE REVERSE FOR ADDITIONAL INFORMATION

1 Are you a citizen of the United States of America? ☒ Yes ☐ No **Exhibit 4.2.3** Will you be at least 18 years of age on or before 788 of 2469? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM. IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.

2 Last Name (Required) Wright
First Name (Required) Stacy
Middle Name (Required) Lane
☐ Jr ☐ Sr ☐ II
☐ III ☐ IV ☐ V
3 Date of Birth MMDDYYYY (Required) [REDACTED] State of Birth/Country of Birth [REDACTED]
If you have a NC drivers license or non-operators ID card, enter the number below. W1009
☐ Check here if you do not have a drivers license, ID card, or a SSN.

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes
4 Street Address where you live (Required) 200 Grace St Apartment, Lot, or Unit Number
City (Required) Bladenboro State NC Zip Code 28320
County Bladen Have you lived here for 30 days or more? ☒ Yes ☐ No If "No," date moved? MMDDYYYY Phone (Optional)

MAILING ADDRESS
5 Mailing Address (if different from your residential address)
Mailing Address Line 1
Mailing Address Line 2
City State Zip Code
MAP/DIAGRAM
If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.
RECEIVED
AUG 20 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

6 GENDER RACE ETHNICITY POLITICAL PARTY AFFILIATION
☐ Female ☐ African American/Black ☐ American Indian/Alaska Native ☐ Hispanic/Latino ☐ Democrat ☐ Republican ☐ Libertarian
☐ Male ☐ Asian ☐ Multiracial ☒ Not Hispanic/Latino ☒ Unaffiliated ☐ Other
☒ White ☐ Other
If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)
7 Last Name used in Previous Registration First Name used in Previous Registration
Previous Address Previous County
Previous City Previous State Previous Zip Code

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:
- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this registration at this time; and
- I have not been convicted of a felony, or if I have been, I am currently on probation or parole.
(Citizenship and voting rights are automatically restored upon completion of probation or parole.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.
X
Signature [REDACTED] 8-13-18



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1789 of 2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Date

Voter Information

Election Type (Primary, General, Municipal, Special, etc.)

Last Name

WILKINS

First Name

Jennifer

Middle Name

Hester

Suffix

Home Address (NC Residential Address.)

1586 Horseshoe Rd

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: 1/1/18

County of Residence

Previous Name (if applicable)

You must provide at least one identification number below. (for see instructions)
NC License or ID Number

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

ONE READ BY
BLADEN CO. BO. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?)

1586 Horseshoe Rd

City

Bladenboro

State

NC

Zip Code

28320

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Non-partisan

If "Yes," what is the name and address of the hospital or facility: ☐ Yes ☐ No

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/4/18

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

pl5

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Riggins</u>		First Name <u>Clayton</u>		Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>11668 Twisted Hickory</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>			County of Residence <u>Bladen</u>	Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXX-XX</u> [REDACTED]			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		[REDACTED]		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: [REDACTED] Requestor's Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Requestor's Phone: [REDACTED] Requestor's Email: [REDACTED]				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature of Voter (voter only) [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>9-1-18 X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

1791 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Bullard	Douglas	Earl		
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)		
3109 Grimsley Farm Rd				
City	State	Zip Code	City	State
Bladenboro	NC	28320		
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: / /		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number		Optional		
X X X - X X				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-14-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1792 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>	First Name <u>Elizabeth</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>10759 S College St Apt. 1A</u>		Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> / / </u>		County of Residence	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NCLicense or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>RECEIVED</u>	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

S 9-6-18 Signature of Near Relative/Legal Guardian (if applicable)
Date X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Sowers		First Name Leomia		Middle Name H	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 390 Twisted Hickory #3				Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>						
You must provide at least one identification number below. (or see instructions.)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number XX - XX			Optional			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Bordeaux	First Name Linda	Middle Name Irene	Suffix	Date of Birth
Home Address (NC Residential Address) 1835 Center Rd		Mailing Address (If different than home address.)		
City Bladenboro	State	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence: Previous Name (if applicable)		
If "No," indicate the date of your move: / /				
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X		Voter Registration No. Citizens	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City RECEIVED	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican		TIME OCT 15 2018 REC'D BY BLADEN CO. BOARD OF ELECTIONS		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance voting your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," what is the name and address of the hospital or facility:		
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1795 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-8951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Bordeaux

First Name

Stete

Middle Name

Yates

Suffix

Home Address (NC Residential Address)

1835 Center Rd

Mailing Address (if different than home address.)

City

Bladenboro

State

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

X X X - X X

Voter Registration No.

000000

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

OCT 15 2018

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference: ☐ Democratic ☐ Republican

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

Requestor's Name

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Carlton</u>	First Name <u>Alice</u>	Middle Name <u>Faye</u>	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>178 Butters Loop Rd</u>		Mailing Address (If different than home address.)			
City	State	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>SSN</u> <u>X X X - X [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>	Email (optional)

Absentee Voting Information

DATE RECEIVED BY

BLADEN COUNTY BOARD OF ELECTIONS

City State Zip Code

City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic☐ Republican☐ Libertarian☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)				
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X [REDACTED]

Date

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED]

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1797 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Hudson	First Name Myra	Middle Name J	Suffix	Date of Birth
Home Address (NC Residential Address.) 95 West Hester St		Mailing Address (if different than home address.)		
City Clarkton	State NC	Zip Code 28433	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: / /			Previous Name (if applicable)	
You must provide at least one identification number below, or see instructions. NC License or ID Number XX XX - XX			Voter Registration No. Optional	Phone (optional)
				Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City Clarkton	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter [Redacted]	Signature of Near Relative/Legal Guardian (if applicable) 8-36-18 X
Date	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1798 of 2469

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Evans

First Name

Loretha

Middle Name

Suffix

Home Address (NC Residential Address.)

898 Knoxville Lane

Mailing Address (if different than home address.)

City

Elizabethtown

State

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

C010101

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law

Requestor's Address

Name of Corporation (if appointed legal guardian)

RECEIVED
OCT 15 2018

City

State

Zip Code

Requestor's Phone TIME

Requestor's Email

BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

PRINT RESULTS LIST
ABSENTEE VOTER CORRESPONDENCE LIST

Election Dt	Req Type	Req Reason	Req Dt	Party	Ballot Style	Mach ID	Ballot Num	Seq Num	Send Method	Send Dt	Return Dt	Return Method	Has ID	Is RR	Operator
	Req Status	Req Method				Voting place		Board Meeting Dt				Return Status	Has Contingent	Is Archived	Update Dt
11/09/2018	OS	N	10/23/2018	UNA	G004	103	806	803	I	10/23/2018	10/23/2018	I	N	N	Klennot
	OK	I				LIB		10/23/2018	2:00:00PM	10/23/2018	10/23/2018	OK	N	N	10/23/2018 1:54:28PM
11/06/2018	CIV	N	10/17/2018	UNA	G004	000	1288	1287	M				N	N	gward
	OK	M											N	N	10/18/2018 2:47:29PM

Total Records in report: 2

Exhibit 4.2.3.1.2

1799 of 2469

From: Cynthia Shaw <elections@bladenco.org>
Sent: Wednesday, October 17, 2018 6:14 PM
To: 'Fleming, Joan'
Subject: Emailing: Geneva Perkins and Harley Ludlum.pdf
Attachments: Geneva Perkins and Harley Ludlum.pdf

Per your request
On Geneva Perkins and Harley Ludlum

Cynthia P. Shaw
Director

Your message is ready to be sent with the following file or link attachments:

Geneva Perkins and Harley Ludlum.pdf

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
1801 OF 2400
Physical Address:
301 S Cypress St
Elizabethtown NC
28337
Mailing Address:
PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen:boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information				
Last Name <u>Grant</u>	First Name <u>Samuel</u>	Middle Name <u>J</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>908 Mitchell Ford Rd</u>		Mailing Address (If different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>/ /</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional)	Email (optional)

Absentee Voting Information				
Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> Requestor's Address <u>[REDACTED]</u> City <u>[REDACTED]</u> State <u>[REDACTED]</u> Zip Code <u>[REDACTED]</u> Name of Corporation (if appointed legal guardian) Requestor's Phone <u>[REDACTED]</u> Requestor's Email <u>[REDACTED]</u>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>[REDACTED]</u>	Date <u>[REDACTED]</u>

1 Are you a citizen of the United States of America? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION,
DO NOT SUBMIT THIS FORM.

Will you be at least 18 years of age on or before election day? ☒ Yes ☐ No
Are you at least 16 years of age and understand that you must be 18 years
of age on or before election day to vote? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS,
DO NOT SUBMIT THIS FORM.

2 Last Name (Required) Grant
First Name (Required) Samuel
Middle Name (Required) J
☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V

3 Date of Birth MM/DD/YYYY [REDACTED] State of Birth/Country of Birth NC
If you have an NC voter registration number, enter it below.
If you have a NC drivers license or non-operators ID card, enter the number below.
Enter the last 4 digits of your SSN [REDACTED] ☐ Check here if you do not have a NC
drivers license, ID card, or a SSN.

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes

4 Street Address where you live (Required) 908 Mitchell Ford Rd
City (Required) Clarkton
County Bladen
Have you lived here for 30 days or more? ☒ Yes ☐ No
If No, date moved? MM/DD/YYYY
Apartment, Lot, or Unit Number
State NC Zip Code 28433
Phone (Optional)

MAILING ADDRESS

5 Mailing Address (If you do not receive mail at your residential address)
Same
Mailing Address Line 2
City
State
Zip Code

MAP/DIAGRAM If you do not have a street address, draw a map of where
you reside. Please include roads and landmarks.

6 GENDER ☐ Female ☒ Male
RACE ☐ African American/Black ☐ American Indian/Alaska Native
☐ Asian ☐ Multiracial ☐ White ☐ Other
ETHNICITY ☐ Hispanic/Latino ☒ Not Hispanic/Latino
POLITICAL PARTY AFFILIATION ☐ Democrat ☒ Republican ☐ Libertarian
☐ Unaffiliated ☐ Other
If you indicate a political party that is not currently qualified, or
you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)

7 Last Name used in Previous Registration
First Name used in Previous Registration
Previous Address
Previous County
Previous City
Previous State
Previous Zip Code

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:

- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
- I have not been convicted of a felony; or if I have been convicted of a felony, I have completed my sentence, including any probation or parole.
(Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed.)

Fraudulently or falsely completing this
form is a Class 1 Felony under Chapter
163 of the NC General Statutes.

version 092016

8-15-18
Date

BOARD OF ELECTIONS



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1803-01-2469
Physical Address: 301 S Cypress St, Elizabethtown NC, 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Kennedy</u>		First Name <u>Cayla</u>		Middle Name <u>Michelle</u>	Suffix
Home Address (NC Residential Address) <u>2020 Center Rd</u>			Mailing Address (if different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		
NC License or ID Number		SSN <u>X X X - X X -</u>	Phone (optional)		Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.			
Requestor's Name		Requestor's Address	
City		State	Zip Code
Requestor's Phone		Name of Corporation (if applicable) (e.g., guardian)	
TIME		REC'D BY	
BLADEN CO. BO. OF ELECTIONS			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8-25-18</u>	Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1804-612469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Reams</u>		First Name <u>Timothy</u>		Middle Name <u>Roy</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>161 Governors Estate Dr</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>				County of Residence		
You must provide at least one identification number below. (Or see instructions) NC License or ID Number <u>XXX - XX</u>				Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
[REDACTED]				

RECEIVED
OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1805-67-2469

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Reams

First Name

Lena

Middle Name

Louise

Suffix

Home Address (NC Residential Address.)

61 Governors Est Dr

Mailing Address (if different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

X X X - X X

Voter Registration No.

Official

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

TIME REC'D BY
BLADEN CO. BOARD OF ELECTIONS

Requestor's Phone

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

plc

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name Regans	First Name Satoria	Middle Name L	Suffix
Home Address (NC Residential Address.) 1873 Twisted Hickory Rd		Mailing Address (if different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1			
You must provide a valid identification number below. (or see instructions) XXX - XX -		Voter Registration No.	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
Requestor's Address	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
City	State	Zip Code	Name of Corporation (if appointed legal guardian)	
			Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name

Stephens

First Name

Destiny

Middle Name

Hope

Suffix

Home Address (NC Residential Address.)

310 Ronald Britt Rd.

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No. Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

310 Ronald Britt Rd.

City

Bladenboro

State

NC

Zip Code

28320

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☒ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

Requestor's Name

Requestor's Address

City

State

Zip Code

Requestor's Phone

Requestor's Email

RECEIVED

OCT 15 2018

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

☐ spouse

☐ brother / sister

☐ child

☐ grandchild

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Name of Corporation (if applicable)

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

09-16-18

Date

X

Date

1 Are you a citizen of the United States of America? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.

2 Will you be at least 18 years of age on or before election day? ☒ Yes ☐ No
Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required)
STEPHENS
First Name (Required)
DESTINY
Middle Name (Required)
HOPE
☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V

3 State of Birth/Country of Birth
NC
Registration Number, enter it below
If you have a NC drivers license or non-operators ID card, enter the number below
☐ Check here if you do not have a drivers license, ID card, or a SSN.

4 RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes
Street Address where you live. (Required)
310 RONALD BRIGHT ROAD
City (Required)
BLADENBORO
County
Bladen
Have you lived here for 30 days or more? ☒ Yes ☐ No
If "No," date moved? MMDDYYYY
N C 28320
Apartment, Loc, or Unit Number
State
Zip Code
Phone (Optional)

5 MAILING ADDRESS
Mailing Address (If you do not receive mail at your residential address)
SAME
Mailing Address Line 2
City
State
Zip Code

MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.

6 GENDER ☒ Female ☐ Male
RACE ☐ African American/Black ☐ American Indian/Alaska Native ☐ Multiracial ☒ White ☐ Other
ETHNICITY ☐ Hispanic/Latino ☐ Not Hispanic/Latino
POLITICAL PARTY AFFILIATION ☐ Democrat ☒ Republican ☐ Libertarian ☐ Unaffiliated ☐ Other

7 PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)
Last Name used in Previous Registration
First Name used in Previous Registration
Previous Address
Previous County
Previous City
Previous State
Previous Zip Code

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:
- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered in this county;
- I have not been convicted of a felony, or if I have been convicted, my civil rights have been restored.
(Citizenship and voting rights are automatic upon canceling that registration at this time; and including any probation or parole. If a court order is needed.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.

SEAL AND MAIL TO YOUR COUNTY BOARD OF ELECTIONS,

08-15-18
Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: 1809 of 2469
BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

Election Type (Primary, General, Municipal, Special, etc.)

on

NOVEMBER 6, 2018

Election Date:

Voter Information

Last Name

Shipman

First Name

Rebecca

Middle Name

Suffix

Home Address (NC Residential Address):

1150 Twisted Hickory Rd

Mailing Address (If different than home address.)

City

Elizabethtown

State

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)
NC License or ID Number

SSN

X X X - X X

Voter Registration No.

(Optional)

Phone (optional)

Email (optional)

County of Residence

Previous Name (if applicable)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Non-partisan
If "Yes," what is the name and address of the hospital or facility: ☐ Yes ☐ No

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

Name of Corporation (if applicable) or (if legal guardian)
BLADEN CO. BO. OF ELECTIONS

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)
Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Bellamy

First Name

Gary

Middle Name

Augustus

Suffix

Jr

Home Address (NC Residential Address)

104 Pecan St Apt. #5B

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, and relationship to the voter.

Requestor's Name

Requestor's Address

City

State

Zip Code

Name of Corporation (if appointed legal guardian)

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

8-20-18

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

1811 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsba.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name

Bartleson

First Name

Jody

Middle Name

Suffix

Home Address (NC Residential Address.)

243 Armfield St

Mailing Address (If different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1/

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

City

State

Zip Code

Name of Corporation (if applicable)

Requestor's Phone

Requestor's Email

TIME

REC'D BY

BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-25-18

Date

X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: 1812 of 2469
BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-852-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name Williams		First Name Marcus		Middle Name Dwayne		Suffix	
Home Address (NC Residential Address.) 4557 Old Abbottsburg Rd				Mailing Address (If different than home address.) 4557 Old Abbottsburg Rd			
City Bladenboro		State NC		Zip Code 28320		City Bladenboro	
State NC		Zip Code 28320		County of Residence Bladen		Previous Name (if applicable)	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				If "No," indicate the date of your move: 1/1/11			
You must provide at least one identification number below. (or see instructions) SSN XXX - XX - XXXX				Voter Registration No. Optional		Phone (optional)	
				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above				City		State		Zip Code	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan									
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No									
If "Yes," what is the name and address of the hospital or facility:									
If requesting an absentee ballot on behalf of a near relative, list your name, address, and relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian									
Requestor's Name				Requestor's Address					
City				State		Zip Code		Requestor's Phone	
								Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

Date



Exhibit 4.2.3.1.2

1813 of 2469

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Bryan</u>		First Name <u>Johnny</u>		Middle Name <u>Dean</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1416 Sassafras Rd</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>				Voter Registration No. <u>[REDACTED]</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Requestor's City		
Requestor's State		Requestor's Zip Code		
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P 203

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Date

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name

Thompson

First Name

Rhonda

Middle Name

L

Suffix

Date of Birth

Home Address (NC Residential Address.)

706 Chestnut St #23

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC license or ID Number

X X X - X X

Voter Registration No.

Or None

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ child☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (if Requestor is legal guardian)

BLADEN CO. BD. OF ELECTIONS

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

8-25-18

Date

X

Date

NORTH CAROLINA VOTER REGISTRATION APPLICATION

1815 of 2460

Please use black ink and print legibly.

1 Are you a citizen of the United States of America? ☒ Yes ☐ No

Will you be at least 18 years of age on or before election day? ☒ Yes ☐ No

Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? ☒ Yes ☐ No

IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.

IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required) Thompson

First Name (Required) Rhonda

Middle Name (Required) L

☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V

3 Date of Birth MMDDYYYY (Required) [Redacted] State of Birth/Country of Birth NC

If you have a NC drivers license or non-operators ID card, enter the number below. [Redacted]

Enter the last four digits of your SSN [Redacted] ☐ Check here if you do not have a NC drivers license, ID card, or a SSN.

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes

4 Street Address where you live (Required) 706 Chestnut St

City (Required) Bladenboro

County [Redacted]

Apartment, Lot, or Unit Number 23

State NC Zip Code 28320

Have you lived here for 30 days or more? ☒ Yes ☐ No

If "No," date moved? MMDDYYYY [Redacted]

Phone (Optional) [Redacted]

MAILING ADDRESS

5 Mailing Address (If you do not receive mail at your residential address) Same

Mailing Address Line 2 [Redacted]

City [Redacted]

State [Redacted] Zip Code [Redacted]

MAP/DIAGRAM RECEIVED

SEP 05 2018

TIME REC'D BY SLADEN CO. BD. OF ELECTIONS

6 GENDER: ☐ Female ☐ Male

RACE: ☐ African American/Black ☐ Asian ☐ White ☐ American Indian/Alaska Native ☐ Multiracial ☐ Other

ETHNICITY: ☐ Hispanic/Latino ☒ Not Hispanic/Latino

POLITICAL PARTY AFFILIATION: ☐ Democrat ☒ Republican ☐ Libertarian ☐ Unaffiliated ☐ Other

If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)

7 Last Name used in Previous Registration [Redacted]

First Name used in Previous Registration [Redacted]

Previous Address [Redacted]

Previous County [Redacted]

Previous City [Redacted]

Previous State [Redacted]

Previous Zip Code [Redacted]

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:

- I am a United States citizen, as indicated above;
- I am at least 18 years of age; or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
- I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole. (Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.

version 09/2015

MOISTEN, FOLD, SEAL AND MAIL TO YOUR COUNTY BOARD OF ELECTIONS.

8-25-18
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Storms		First Name Justin		Middle Name Reed	Suffix [REDACTED]
Home Address (NC Residential Address.) 200 Village St Apt. 10A				Mailing Address (if different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: 1/1/18			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX - [REDACTED]			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 200 Village St Apt. #10A				City Bladenboro	State NC	Zip Code 28320
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if recognized legal guardian) BLADEN CO. BD. OF ELECTIONS				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

RECEIVED
OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter (if applicable)

X

Signature of Near Relative/Legal Guardian (if applicable)

8/23/18

X

Date

Date

NORTH CAROLINA VOTER REGISTRATION APPLICATION

Exhibit 4.2.3.1.2

1817 of 2469

Please use black ink and print legibly.

1 Are you a citizen of the United States of America? ☒ Yes ☐ No

IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.

Will you be at least 18 years of age on or before election day? ☒ Yes ☐ No

Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? ☒ Yes ☐ No

IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required): Storms

First Name (Required): Justin

Middle Name (Required): Reed

☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V

3 Date of Birth (MM/DD/YYYY): [REDACTED] State of Birth/Country of Birth: NC

Enter your NC voter registration number, enter it below.

If you have a NC drivers license or non-operators ID card, enter the number below.

☐ Check here if you do not have a NC drivers license, ID card, or a SSN.

4 RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes

Street Address where you live (Required): 200 Village St

City (Required): Bladenboro

County: Bladen

Apartment, Lot, or Unit Number: 10A

State: NC Zip Code: 28320

Have you lived here for 30 days or more? ☐ Yes ☐ No

If "No," date moved? MM/DD/YYYY: [REDACTED]

Phone (Optional): [REDACTED]

5 MAILING ADDRESS

Mailing Address (If you do not receive mail at your residential address):

Mailing Address Line 2:

City:

State: Zip Code:

MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.

RECEIVED

SEP 04 2018

TIME: REC'D BY:

CLERK OF SUPERIOR COURT

6 GENDER: ☐ Female ☒ Male

RACE: ☐ African American/Black ☐ Asian ☒ White ☐ American Indian/Alaska Native ☐ Multiracial ☐ Other

ETHNICITY: ☐ Hispanic/Latino ☒ Not Hispanic/Latino

POLITICAL PARTY AFFILIATION: ☐ Democrat ☒ Republican ☐ Libertarian ☐ Unaffiliated ☐ Other

If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

7 PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)

Last Name used in Previous Registration:

First Name used in Previous Registration:

Previous Address:

Previous County:

Previous City:

Previous State:

Previous Zip Code:

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:

- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
- I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole.

(Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.

X
Signature

8/23/18
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1818 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information			
Last Name Ross	First Name Dorothy	Middle Name M	Suffix
Home Address (NC Residential Address) 1410 Chickenfoot Rd.		Mailing Address (If different than home address.)	
City St. Pauls	State NC	Zip Code 28384	City
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: _____			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number XXX - XX			Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State
		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: _____			
If requesting an absentee ballot on behalf of a near relative, list your name, address, and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
Requestor's Address	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> mother-in-law
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
City	State	Zip Code	Name of Corporation (if applicable)
			BLADEN CO. BO. OF ELECTIONS
		Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only) X	Signature of Near Relative/Legal Guardian (if applicable) X
Date 7/4/18	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Cory Richardson</u>		First Name <u>Cory</u>		Middle Name <u>Levon</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>168 White McEwen Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>	State <u>NC</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>/ /</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.		Phone (optional)	
NC License or ID Number <u>X X X - X X</u>	SSN <u>[REDACTED]</u>	Optional		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1102</u>				City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother <input type="checkbox"/> sister <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-22-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1820 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Packer

First Name

Emily

Middle Name

Louise

Suffix

Home Address (NC Residential Address.)

214 Dixie Lane

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: ____/____/____

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

X X X - X X

Voter Registration No.

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter:

Requestor's Name

☐ spouse☐ child☐ son-in-law☐ daughter-in-law☐ grandchild☐ stepchild☐ legal guardian☐ grandparent☐ stepparent☐ mother-in-law☐ father-in-law

Requestor's Address

Name of Corporation (if appointed legal guardian)

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐
- Member of the Uniformed Services or Merchant Marine on active duty and currently
- absent
- from county of residence
- or
- an eligible spouse/dependent.
-
- ☐
- U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1821 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-8851
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Russ		First Name James		Middle Name Ryan	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 177 W 7th St				Mailing Address (if different than home address.)		
City Dublin		State NC	Zip Code 28332	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X				Voter Registration No. [REDACTED]		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian) OCT 15 2018		
City	State	Zip Code	Requestor's Phone BLADEN CO. BOE OF ELECTIONS	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign X	Signature of Near Relative/Legal Guardian (if applicable) X
8-25-18	
Date	Date



State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
1822 of 2469
Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-5951 bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Singletary		First Name Beatrice		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address) 706 Spinners Court				Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320		City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) SSN: [REDACTED] XXX - XX - [REDACTED]				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same 706 Chestnut #1				City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: [REDACTED] Requestor's Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]						
Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Phone: [REDACTED] Requestor's Email: [REDACTED]						

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (or near relative/legal guardian if applicable)
[REDACTED] 8-29-18 X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Singletary</u>	First Name <u>Antonio</u>	Middle Name <u>Devan e</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>503 Martin Luther King Jr Dr</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX X - X X</u>			Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1231</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Email <u>BLADEN CO. BD. OF ELECTIONS</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-27-18

Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1824 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Date

Voter Information			
Last Name Prevatte	First Name Margarite	Middle Name	Suffix
Home Address (NC Residential Address.) 310 Maysville Lane		Mailing Address (if different than home address.)	
City Tar Heel	State NC	Zip Code 28392	City
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: / /		Voter Registration No. Optional	Phone (optional)
You must provide at least one identification number below. (or see instructions) NC Driver's License or ID Number XXX - XX		Email (optional)	

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) PO Box 4161			
City Tar Heel		State NC	Zip Code 28392
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name Joseph Prevatte			
Requestor's Address 310 Maysville Lane		Name of Corporation (if appointed legal guardian)	
City Tar Heel	State NC	Zip Code	TIME REC'D BY BLADEN CO. BOARD OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) X	Signature of Near Relative/Legal Guardian (if applicable) X
Date	Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
1825 OF 2469
Physical Address: 301 S Cypress St., Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Prevatte</u>	First Name <u>Joseph</u>	Middle Name	Suffix	Date of Birth	
Home Address (NC Residential Address) <u>310 Maysville Lane</u>			Mailing Address (if different than home address.)		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX</u>			Voter Registration No. <u>Q1508</u>	Phone (optional)	Email (optional)

Absentee Voting Information				
Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 461</u>		City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter: Requestor's Name: <u>RECEIVED OCT 15 2018</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother <input type="checkbox"/> sister <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian) TIME <u>REC'D BY</u> <u>BLADEN CO. BD. OF ELECTIONS</u>		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date	



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1826 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McMorrow</u>	First Name <u>Deborah</u>	Middle Name <u>Ann</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>226 Chickenfoot Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
You must provide at least one identification number below. (or see instructions) NC Driver's License Number <u>XXX - XX [REDACTED]</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter:</p> <p>Requestor's Name</p> <p>Requestor's Address</p> <p>City</p> <p>State</p> <p>Zip Code</p> <p>Requestor's Phone</p> <p>Requestor's Email</p>			
<p>Name of Corporation (if appointed legal guardian)</p> <p>Requestor's Name</p> <p>Requestor's Address</p> <p>City</p> <p>State</p> <p>Zip Code</p> <p>Requestor's Phone</p> <p>Requestor's Email</p>			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD 1827062469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McMorrow</u>		First Name <u>Keith</u>		Middle Name	Suffix
Home Address (NC Residential Address) <u>7206 Chickenfoot Rd</u>				Mailing Address (If different than home address.)	
City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
RECEIVED OCT 15 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McNair</u>		First Name <u>Samuel</u>		Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>6110 Chickenfoot Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>XXXXXX</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>6110 Chickenfoot Rd</u>		City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepparent	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian) <u>BLADEN CO. BD. OF ELECTIONS</u>			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable) <u>[REDACTED]</u>	Date <u>7-2-18</u>
--	-----------------------



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Milton</u>	First Name <u>Robert</u>	Middle Name <u>C</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>810 Martin Luther King Jr Dr</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
RECEIVED			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
9-7-18 X
 Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Lewis		First Name Sheila		Middle Name Ann	Suffix [REDACTED]
Home Address (NC Residential Address.) 7391 Martin Luther King				Mailing Address (if different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NCLicense or ID Number X X X - X X [REDACTED]			Voter Registration No. Optional [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will be able to vote in person. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p> <p>Requestor's Name</p> <p><input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent</p> <p><input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law</p> <p><input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian</p>				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1831 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lennon</u>	First Name <u>James</u>	Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address) <u>317 LB Lennon Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License and Number <u>X X X - X</u>		Voter Registration No. <u>000000</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

9-1-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>	First Name <u>Barbara</u>	Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1987 Chickenfoot Rd</u>		Mailing Address (if different than home address.)		
City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions.) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>			
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p> <p>Requestor's Name</p> <p><input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian</p>			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely</p>		<p>Transmit my ballot by:</p> <p>(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p>	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9-7-18 X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1833 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>	First Name <u>Katrina</u>	Middle Name <u>Middle</u>	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>6987 Chickenfoot Rd.</u>		Mailing Address (if different than home address.)			
City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		RECEIVED OCT 15 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9-7-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1834 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-852-5951
bladen.boe@ncsbe.gov

FAX: 910-852-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name Grimmsley		First Name Brandon		Middle Name Lee	Suffix
Home Address (NC Residential Address) 3065 NC Hwy 20				Mailing Address (If different than home address.)	
City Saint Pauls	State NC	Zip Code 28384	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		
NC License or ID Number		SSN X X X - X X -	Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance with your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name Linda Grimmsley Requestor's Address 3065 NC Hwy 20 City Saint Pauls State NC Zip Code 28384				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> sister/brother <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X Linda Grimmsley

8-2-18

Date

Date



State Absentee Ballot Request Form

North Carolina

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1835 of 2469

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-5951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name Grimley	First Name Linda	Middle Name Michelle	Suffix	Date of Birth
Home Address (NC Residential Address) 3065 NC Hwy 20		Mailing Address (If different than home address.)		
City Saint Pauls	State NC	Zip Code 28384	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1		Previous Name (if applicable) Linda Cogburn		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]		Voter Registration No. Optional		
SSN X X X - X X - [REDACTED]		Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> niece/nephew <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

S. [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable)
9/7/18	X
Date	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Clark	First Name Mary	Middle Name Katherine	Suffix [REDACTED]
Home Address (NC Residential Address) 216 Westwood Circle		Mailing Address (if different than home address.) [REDACTED]	
City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable) RECEIVED
If "No," indicate the date of your move: 1/1		Voter Registration No. Optional	Phone (optional) 910-872-1678
You must provide at least one identification number below. (for see instructions) NC License or ID Number: XX X - XX - [REDACTED]		TIME OCT 15 2018 RECD BY BLADEN CO. SO. OF ELECTIONS	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 109 Sunflower Allen Apt. 2		City Pikeville	State KY	Zip Code 41501
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Mary Johnson Clark		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 216 Westwood Circle		Name of Corporation (if appointed legal guardian)		
City Elizabethtown	State NC	Zip Code 28337	Requestor's Phone 910 872 1678	Requestor's Email tblark@ec.vr.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X **Mary J. Clark****10/2/2018**

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Heflin	First Name Rebecca	Middle Name Jane	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 11335 Twisted Hickory Rd		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)	Email (optional)
NC License or ID Number	SSN X X X - X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		<div style="text-align: center;"> RECEIVED OCT 15 2018 BLADEN CO. BD. OF ELECTIONS </div>		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Brown</u>		First Name <u>Kenneth</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>1046 Porterville School Rd</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (For see instructions) <u>X X X - X X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a partisan ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name _____ <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Conklin</u>		First Name <u>Reba</u>		Middle Name <u>Ann</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd Apt 1C</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1/1/1</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>				Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	
				Email (optional) <u>[REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot for the race: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>			
City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter: [REDACTED] Date: 9-6-18
Signature of Near Relative/Legal Guardian (if applicable): X Date: [REDACTED]



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Coston</u>	First Name <u>Robin</u>	Middle Name <u>Alisha</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>258 Mckoy Rd</u>		Mailing Address (If different than home address.) <u>Same</u>		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>		Voter Registration No. <u> </u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u> </u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8/11/2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jones</u>	First Name <u>William</u>	Middle Name <u>B</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>710 Martin Luther King</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			
You must provide at least one identification number below. (or see instructions) NC License and ID Number <u>SSN</u> <u>X X X - X X [REDACTED]</u>		Voter Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
<div>RECEIVED</div> <div>OCT 15 2018</div> <div>TIME RECORDS</div> <div>BLADEN CO. BD. OF ELECTIONS</div>			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

9-7-18
Date

X
Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

1842 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-852-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gause</u>		First Name <u>Darlene</u>		Middle Name <u>Dove</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>4447 Old Abbotsburg Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>/ /</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>1X X X - X X - [REDACTED]</u>				Voter Registration No. <u>[REDACTED]</u>		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 662</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> in-law <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	
		TIME <u>REC'D BY</u> BLADEN BOARD OF ELECTIONS			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1843 OF 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Minlaw</u>	First Name <u>Cheryl</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>11591 HWY 53 West</u>		Mailing Address (If different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u> [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> sister-in-law <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation or Employer (if applicable)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

First Name

Middle Name

Suffix

Home Address (NC Residential Address.)

Mailing Address (if different than home address.)

City

State

Zip Code

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

Voter Registration No.

Phone (optional)

Email (optional)

X X X - X X

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

☐ father-in-law

Requestor's Address

Name of Corporation (if appointed legal guardian)

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1845 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name Sells	First Name Dennis	Middle Name D	Suffix	Date of Birth
Home Address (NC Residential Address) 160 Sandy Ridge		Mailing Address (if different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X		Voter Registration No. 000000	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> parent <input type="checkbox"/> stepparent <input type="checkbox"/> mother-in-law	<input type="checkbox"/> grandparent <input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if applicable) BLADEN CO. BO. OF ELECTIONS			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

1 Are you a citizen of the United States of America? ☒ Yes ☐ No **Exhibit 4.2.3.1.2** 1846 of 2469
Will you be at least 18 years of age on or before election day? ☒ Yes ☐ No
Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.
IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required) SELLS
First Name (Required) Dennis
Middle Name (Required) Allen
☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V
3 Date of Birth MMDDYYYY (Required) [REDACTED] State of Birth/Country of Birth Virginia
If you have a NC drivers license or non-operators ID card, enter the number below. [REDACTED]
☐ Check here if you do not have a NC drivers license, ID card, or a SSN.

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes
4 Street Address where you live (Required) 160 Sandy Ridge Rd. Apartment, Lot, or Unit Number
City (Required) Bladenboro State NC Zip Code 28320
County Bladen Have you lived here for 30 days or more? ☒ Yes ☐ No If "No," date moved? MMDDYYYY
Phone (Optional)

MAILING ADDRESS
5 Mailing Address (If you do not receive mail at your residential address)
Mailing Address Line 2
City State Zip Code
MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.
RECEIVED
AUG 10 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

6 GENDER RACE ETHNICITY POLITICAL PARTY AFFILIATION
☐ Female ☐ African American/Black ☐ American Indian/Alaska Native ☐ Hispanic/Latino ☐ Democrat ☐ Republican ☐ Libertarian
☒ Male ☐ Asian ☐ Multiracial ☐ Not Hispanic/Latino ☒ Unaffiliated ☐ Other
☒ White ☐ Other
If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)
7 Last Name used in Previous Registration First Name used in Previous Registration
Previous Address Previous County
Previous City Previous State Previous Zip Code

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:
• I am a United States citizen, as indicated above;
• I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
• I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
• I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
• I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole.
(Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.

X
Sig

8-9-2018
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1847 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Gray

First Name

Ewendolyn

Middle Name

Suffix

Home Address (NC Residential Address):

209 Mercer Mill Rd

Apt 20

Mailing Address (If different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move: 1/1/

You must provide at least one identification number below, for security purposes.

NC License or ID Number

X X X - X X - [REDACTED]

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

TIME REC'D BY:

BLADEN CO. BO. OF ELECTIONS

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18

X

Date

Date

1 Are you a citizen of the United States of America? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.
Will you be at least 18 years of age on or before election day? ☒ Yes ☐ No
Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required) Gray
First Name (Required) Gwendolyn
Middle Name (Required)
☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V
3 Date of Birth MMDDYYYY (Required) 1848 of 2469
State of Birth/Country of Birth
If you know your NC Voter Registration Number, enter it below.
If you have a NC drivers license or non-operators ID card, enter the number below.
☐ Check here if you do not have a NC drivers license, ID card, or a SSN.

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes
4 Street Address where you live (Required) 209 Mercer Mill Rd
City (Required) Elizabethtown
County
Apartment, Lot, or Unit Number Apt 20
State NC Zip Code 28337
Have you lived here for 30 days or more? ☐ Yes ☐ No
If "No," date moved? MMDDYYYY
Phone (Optional)

MAILING ADDRESS
5 Mailing Address (If you do not receive mail at your residential address) Same
Mailing Address Line 2
City
State
Zip Code
MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.

6 GENDER ☒ Female ☐ Male
RACE ☐ African American/Black ☐ American Indian/Alaska Native ☐ Multiracial ☒ White ☐ Other
ETHNICITY ☐ Hispanic/Latino ☒ Not Hispanic/Latino
POLITICAL PARTY AFFILIATION ☐ Democrat ☒ Republican ☐ Libertarian ☐ Unaffiliated ☐ Other
If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)
7 Last Name used in Previous Registration
First Name used in Previous Registration
Previous Address
Previous County
Previous City
Previous State
Previous Zip Code

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:
- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
- I have not been convicted of a felony, or if I have, my civil rights have been restored by a court order, including any probation or parole, and a certified document is needed.)

Fraudulently or falsely completing this form is a Class 1 Felony under Chapter 163 of the NC General Statutes.
Signature (Required) [Redacted]
Date 9-6-18
MOISTEN, FOLD, SEAL AND MAIL TO YOUR COUNTY BOARD OF ELECTIONS



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Latcher</u>		First Name <u>Janet</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>10898 S College St Apt 36</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
 Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
9-6-18 X
 Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsb.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Horne		First Name Esau		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 806 Martin Luther King				Mailing Address (If different than home address.)		
City Bladenboro	State N	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1						
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX - [REDACTED]			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 727		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
RECEIVED				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Requestor (if not legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

9-7-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown, NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Howell	First Name Leona	Middle Name R	Suffix	Date of Birth
Home Address (NC Residential Address.) 213 E. Elm St		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/18		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC license or ID Number XXX - XX - XXXX		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 213 E. Elm St		City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of County of NC or Foreign (guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

9/5/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p20

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Jordan

First Name

Laralee

Middle Name

Milligan

Suffix

Date of Birth

Home Address (NC Residential Address.)

400 S Fish St

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1/1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

RECEIVED

OCT 15 2018

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference by☐ Democratic☐ Republican

BLADEN COUNTY BOARD OF ELECTIONS

☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

9-3-18

Date

Date

NORTH CAROLINA VOTER REGISTRATION APPLICATION

Please use black ink and print legibly.

Exhibit 4.2-3.1/2

1853 of 2469

0

1 Are you a citizen of the United States of America? ☒ Yes ☐ No

IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.

Will you be at least 18 years of age on or before election day? ☒ Yes ☐ No

Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? ☒ Yes ☐ No

IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required): Dorland

First Name (Required): Laralee

Middle Name (Required): William

☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V

3 State of Birth/Country of Birth: [REDACTED]

If you know your NC Voter Registration Number, enter it below: [REDACTED]

If you have a NC drivers license or non-operators ID card, enter the number below: [REDACTED]

☐ Check here if you do not have a NC drivers license, ID card, or a SSN.

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes

4 Street Address where you live (Required): 400 S ASHE ST

Apartment, Lot, or Unit Number: [REDACTED]

City (Required): Bladenboro

State: NC Zip Code: 28320

County: Bladen

Have you lived here for 30 days or more? ☒ Yes ☐ No

If "No," date moved? MMDDYYYY: [REDACTED]

Phone (Optional): [REDACTED]

MAILING ADDRESS

5 Mailing Address (If you do not receive mail at your residential address):

400 S ASHE ST

Mailing Address Line 2: [REDACTED]

City: Bladenboro

State: NC Zip Code: 28320

MAP/DIAGRAM: If you do not have a map, draw a map of where you live. (Include major roads and landmarks.)

RECEIVED

SEP 04 2018

TIME: [REDACTED] REC'D BY: [REDACTED]

BLADEN CO. BO. OF ELECTIONS

6 GENDER: ☒ Female ☐ Male

RACE: ☐ African American/Black ☐ American Indian/Alaska Native ☐ Multiracial ☐ Other ☒ White

ETHNICITY: ☐ Hispanic/Latino ☒ Not Hispanic/Latino

POLITICAL PARTY AFFILIATION: ☐ Democrat ☒ Republican ☐ Libertarian ☐ Unaffiliated ☐ Other

If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)

7 Last Name used in Previous Registration: [REDACTED]

First Name used in Previous Registration: [REDACTED]

Previous Address: [REDACTED]

Previous County: [REDACTED]

Previous City: [REDACTED]

Previous State: [REDACTED]

Previous Zip Code: [REDACTED]

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:

- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
- I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole, and a criminal justice document is needed.

(Citizenship and voting rights are automatic for U.S. born citizens.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.

version 092016

COUNTY BOARD OF ELECTIONS

8/31/2018

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Jordan	First Name William	Middle Name Buster	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 400 S Ashe St		Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions): NC License or ID Number XX XX - XX - [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

RECEIVED

Absentee Mailing Address (Where should the ballot be mailed?) Same as above	City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference by: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			

RECEIVED BY
BLADEN CO. BO. OF ELECTIONS

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name Lauralee Butler	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address 400 S Ashe St.	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
City Bladenboro	State NC	Zip Code 28320	Name of Corporation (if appointed legal guardian)
		Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X **Lauralee Jordan**

9-3-18

Date

Date

NORTH CAROLINA VOTER REGISTRATION APPLICATION

Please use black ink and print legibly.

07

1	Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.	Will you be at least 18 years of age on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.																												
2	Last Name (Required) <div style="border: 1px solid black; padding: 2px;">Jordan</div> First Name (Required) <div style="border: 1px solid black; padding: 2px;">William</div> Middle Name (Required) <div style="border: 1px solid black; padding: 2px;">Bustier</div> <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V																													
3	Date of Birth MMDDYYYY (Required) <div style="border: 1px solid black; padding: 2px;">[REDACTED]</div> State of Birth/Country of Birth <div style="border: 1px solid black; padding: 2px;">[REDACTED]</div> If you know your NC voter registration number, enter it below. <div style="border: 1px solid black; padding: 2px;">[REDACTED]</div> If you have a NC drivers license or non-operators ID card, enter the number below. <div style="border: 1px solid black; padding: 2px;">[REDACTED]</div> <input type="checkbox"/> Check here if you do not have a NC drivers license, ID card, or a SSN.																													
RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes Street Address where you live (Required) <div style="border: 1px solid black; padding: 2px;">400 S. AShe St</div> City (Required) <div style="border: 1px solid black; padding: 2px;">Bladenboro</div> State <div style="border: 1px solid black; padding: 2px;">NC</div> Zip Code <div style="border: 1px solid black; padding: 2px;">28320</div> County <div style="border: 1px solid black; padding: 2px;">Bladen</div> Have you lived here for 30 days or more? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," date moved? MMDDYYYY <div style="border: 1px solid black; padding: 2px;">[REDACTED]</div> Phone (Optional) <div style="border: 1px solid black; padding: 2px;">[REDACTED]</div>																														
MAILING ADDRESS Mailing Address (If you do not receive mail at your residential address) <div style="border: 1px solid black; padding: 2px;">400 S. AShe St</div> Mailing Address Line 2 <div style="border: 1px solid black; padding: 2px;">[REDACTED]</div> City <div style="border: 1px solid black; padding: 2px;">Bladenboro</div> State <div style="border: 1px solid black; padding: 2px;">NC</div> Zip Code <div style="border: 1px solid black; padding: 2px;">28320</div>																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 6 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">GENDER</th> <th style="width: 25%;">RACE</th> <th style="width: 25%;">ETHNICITY</th> <th style="width: 35%;">POLITICAL PARTY AFFILIATION</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Female</td> <td><input type="checkbox"/> African American/Black</td> <td><input type="checkbox"/> Hispanic/Latino</td> <td><input type="checkbox"/> Democrat</td> </tr> <tr> <td><input checked="" type="checkbox"/> Male</td> <td><input type="checkbox"/> American Indian/Alaska Native</td> <td><input checked="" type="checkbox"/> Not Hispanic/Latino</td> <td><input checked="" type="checkbox"/> Republican</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Asian</td> <td></td> <td><input type="checkbox"/> Libertarian</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> White</td> <td></td> <td><input type="checkbox"/> Unaffiliated</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Multiracial</td> <td></td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> <td></td> <td></td> </tr> </tbody> </table> </div> <div style="width: 35%;"> <p>MAP/DIAGRAM RECEIVED</p> <p>SEP 04 2018</p> <p>TIME _____ REC'D BY _____</p> <p>BLADEN CO. BD. OF ELECTIONS</p> </div> </div>			GENDER	RACE	ETHNICITY	POLITICAL PARTY AFFILIATION	<input type="checkbox"/> Female	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Democrat	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> American Indian/Alaska Native	<input checked="" type="checkbox"/> Not Hispanic/Latino	<input checked="" type="checkbox"/> Republican		<input type="checkbox"/> Asian		<input type="checkbox"/> Libertarian		<input checked="" type="checkbox"/> White		<input type="checkbox"/> Unaffiliated		<input type="checkbox"/> Multiracial		<input type="checkbox"/> Other		<input type="checkbox"/> Other		
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<input checked="" type="checkbox"/> Male	<input type="checkbox"/> American Indian/Alaska Native	<input checked="" type="checkbox"/> Not Hispanic/Latino	<input checked="" type="checkbox"/> Republican																											
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	<input type="checkbox"/> Other																													
7 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">Last Name used in Previous Registration</td> <td style="width: 50%;">First Name used in Previous Registration</td> </tr> <tr> <td>Previous Address</td> <td>Previous County</td> </tr> <tr> <td>Previous City</td> <td>Previous State</td> </tr> <tr> <td></td> <td>Previous Zip Code</td> </tr> </tbody> </table>			PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)		Last Name used in Previous Registration	First Name used in Previous Registration	Previous Address	Previous County	Previous City	Previous State		Previous Zip Code																		
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I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:

- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submitting this form;
- I have not been convicted of a felony, or if (Citizenship and voting rights are automatically restored after completion of a term of imprisonment and any probation or parole is needed.)

Fraudulently or falsely completing this form is a Class 1 Felony under Chapter 163 of the NC General Statutes.

9-2-18



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 5, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Jacobs		First Name Agnes		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 10898 S College St Apt 38				Mailing Address (If different than home address.)		
City Clarkton	State NC	Zip Code	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional) Email (optional)	
SSN XXX - XX -						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will be casting your ballot:</p> <p>If "Yes," what is the name and address of the hospital or facility:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



NORTH CAROLINA VOTER REGISTRATION APPLICATION

Please use black ink and print legibly.

1857 of 2469

07

1 Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.	Will you be at least 18 years of age on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.
---	---

2 Last Name(Required) JACOBS First Name(Required) AGNES Middle Name(Required) STUTZ <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	3 Date of Birth MM/DD/YYYY(Required) [REDACTED] State of Birth/Country of Birth NC [REDACTED] [REDACTED] <input type="checkbox"/> Check here if you do not have a NC drivers license, ID card, or a SSN.
---	---

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes

4 Street Address where you live (Required) 10898 S College City(Required) CLARKTON County Bladen	Apartment, Lot, or Unit Number 38 State NC Zip Code 28433 Have you lived here for 30 days or more? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," date moved? MM/DD/YYYY Phone (Optional)
--	---

MAILING ADDRESS

5 Mailing Address (if different from your residential address) 10898 S College #38 Mailing Address Line 2 City CLARKTON State NC Zip Code 28433
--

MAP/DIAGRAM

If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.

SEP 29 2016
 TIME REC'D BY
 BLADEN CO. SO. CLERK

6 GENDER <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	RACE <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input checked="" type="checkbox"/> White	RACE <input checked="" type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Other	ETHNICITY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	POLITICAL PARTY AFFILIATION <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Unaffiliated <input type="checkbox"/> Other
--	--	---	---	---

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)

7 Last Name used in Previous Registration [REDACTED] Previous Address [REDACTED] Previous City [REDACTED]	First Name used in Previous Registration [REDACTED] Previous County [REDACTED] Previous State [REDACTED] Previous Zip Code [REDACTED]
---	--

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:

- I am a United States citizen, as indicated above;
 - I am at least 18 years of age, or will be by the date of the general election;
 - I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
 - I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
 - I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole.
- (Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.

X
 Signature

Date

9/26/16



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1858 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-852-6951
bladen.boe@ncsbe.gov

FAX: 910-852-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Purdie

First Name

Angela

Middle Name

Suffix

Home Address (NC Residential Address.)

459 Bladen Rd

Mailing Address (if different than home address.)

City

Tarheel

State

NC

Zip Code

28392

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.

Or Postal

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ LibertarianIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No
If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ child ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

BLADEN CO. BD. OF ELECTIONS

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS-I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Murphy</u>	First Name <u>Stuart</u>	Middle Name <u>Neil</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>3512 NC 242 S</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u> </u> SSN <u> </u>		Voter Registration No. Optional <u> </u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter: Requestor's Name <u> </u> <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law <input type="checkbox"/> grandparent <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian <input type="checkbox"/> stepparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
Signature [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>9/6/18 X</u> Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Murphy		First Name Sarah		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 3512 NC 242 S				Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/			Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX -						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

RECEIVED

OCT 15 2018

Requestor's Name Stuart Neil Murphy		If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: <input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address 3512 NC 242 S		Name of Corporation (if appointed legal guardian)			
City Elizabethtown	State NC	Zip Code 28337	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

- Select one of the options below to qualify as a military or overseas voter:
- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X *Stuart Neil Murphy* 9/6/18

Date

Date

Scan Date	Batch Number	Exhibit 4.2.3.1.2 Source Code	Batch ID
2018-10-17 4:24PM	16	17	9791

Scan Date/Time: 2018-10-17 4:24PM
Batch Number: 16
Batch Size: 20
Source Code: 17
Batch ID: 9791
Operator: vpmckoy

Jessica Dowless
(McCrack Dowless)



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Bullard</u>	First Name <u>Lonnie</u>	Middle Name <u>Irene</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>3109 Grimsley Farm Rd</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State <u>NC</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/11</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City <u>Bladen Co. Bd. of Elections</u>	State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
Requestor's Address	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
City	State	Zip Code	Name of Corporation (if appointed legal guardian)	
			Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

8-14-18

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Burrington		First Name Laura		Middle Name Anne	Suffix [REDACTED]
Home Address (NC Residential Address): 77 W Elm St				Mailing Address (If different than home address):	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: XX X - XX - [REDACTED]			Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City ELIZABETHTOWN	State NC	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

1 Are you a citizen of the United States of America? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.
Exhibit 42312
Will you be at least 18 years of age on or before election day? ☒ Yes ☐ No
Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? ☒ Yes ☐ No
1864 of 2469
IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required) Burrington
First Name (Required) Laura
Middle Name (Required) Anne
☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V
3 Date of Birth MMDDYYYY [REDACTED] State of Birth/Country of Birth [REDACTED]
If you know your NC Voter Registration Number, enter it below:
If you have a NC drivers license or non-operators ID card, enter the number below:
Check here if you do not have a NC drivers license, ID card, or a SSN. ☐

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes
4 Street Address where you live (Required) 77 W Elm St Apartment, Lot, or Unit Number [REDACTED]
City (Required) Elizabethtown State NC Zip Code 28337
County Bladen Have you lived here for 30 days or more? ☒ Yes ☐ No If "No," date moved? MMDDYYYY [REDACTED] Phone (Optional) [REDACTED]

MAILING ADDRESS
5 Mailing Address (If you do not receive mail at your residential address):
Same
Mailing Address Line 2 [REDACTED]
City [REDACTED] State [REDACTED] Zip Code [REDACTED]
MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.

6 GENDER: ☒ Female ☐ Male
RACE: ☐ African American/Black ☐ Asian ☒ White ☐ American Indian/Alaska Native ☐ Multiracial ☐ Other
ETHNICITY: ☐ Hispanic/Latino ☒ Not Hispanic/Latino
POLITICAL PARTY AFFILIATION: ☐ Democrat ☒ Republican ☐ Libertarian ☐ Unaffiliated ☐ Other
If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)
7 Last Name used in Previous Registration [REDACTED] First Name used in Previous Registration [REDACTED]
Previous Address [REDACTED] Previous County [REDACTED]
Previous City [REDACTED] Previous State [REDACTED] Previous Zip Code [REDACTED]

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:
- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
- I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole.
(Citizenship and voting rights are automatically restored when a document is needed.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.

version092016

MOISTEN, FOLD, SEAL AND MAIL TO YOUR COUNTY BOARD OF ELECTIONS.

Date 8-15-18



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Bryan

First Name

William

Middle Name

Suffix

Home Address (NC Residential Address)

300 Briar Creek Dr

Mailing Address (If different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1/

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

THE BLADEN COUNTY BOARD OF ELECTIONS

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address:

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

9-8-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Brown

First Name

Willa

Middle Name

M

Suffix

Date of Birth

Home Address (NC Residential Address.)

12040 Twisted Hickory Rd

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.
Custodial

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

RECEIVED

OCT 15 2018

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ RepublicanREC'D BY
BLADEN CO. BD. OF ELECTIONS☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

Exhibit 4.2.3.1.2

1 Are you a citizen of the United States of America? ☒ Yes ☐ No

Will you be at least 18 years of age on or before election day? ☒ Yes ☐ No

IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.

Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? ☐ Yes ☐ No

IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required)

Brown

First Name (Required)

William

Middle Name (Required)

M

☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V

3 Date of Birth MMDDYYYY (Required)

State of Birth/Country of Birth

If you have a NC drivers license or non-operators ID card, enter the number below.

If you have a NC drivers license or non-operators ID card, enter the number below.

Enter the last 4 digits of your SSN

☐ Check here if you do not have a NC drivers license, ID card, or a SSN.

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes

4 Street Address where you live (Required)

12040 Twisted Hickory Rd

Apartment, Lot, or Unit Number

City (Required)

Bladenboro

State Zip Code

County

Bladen

NC

28320

Have you lived here for 30 days or more? ☒ Yes ☐ No

If "No," date moved? MMDDYYYY

Phone (Optional)

MAILING ADDRESS

5 Mailing Address (If you do not receive mail at your residential address)

Same

Mailing Address Line 2

City

State

Zip Code

MAP/DIAGRAM

If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.

6 GENDER

☒ Female

☐ Male

RACE

☐ African American/Black

☐ Asian

☐ White

☐ American Indian/Alaska Native

☐ Multiracial

☐ Other

ETHNICITY

☐ Hispanic/Latino

☐ Not Hispanic/Latino

POLITICAL PARTY AFFILIATION

☐ Democrat

☐ Republican

☐ Libertarian

☐ Unaffiliated

☐ Other

If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)

7 Last Name used in Previous Registration

First Name used in Previous Registration

Previous Address

Previous County

Previous City

Previous State

Previous Zip Code

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:

- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
- I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole. (Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.



Exhibit 4.2.3.1.2

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State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-852-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Charbonnier		First Name Kenneth		Middle Name H	Suffix	Date of Birth
Home Address (NC Residential Address.) 243 Armfield St				Mailing Address (If different than home address.)		
City Elizabethtown		State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: / /				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		
NC License or ID Number X X X - X X				Phone (optional)		
				Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above				City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.						
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name Jody Bartleson				Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address 243 Armfield St				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
City Elizabethtown				Name of Corporation (if appointed legal guardian)		
State NC				Zip Code 28337		
Requestor's Phone				Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X Jody Bartleson

8-25-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Benson

First Name

Norris

Middle Name

Wayne

Suffix

Jr

Date of Birth

Home Address (NC Residential Address.)

156 Lester King Rd

Mailing Address (If different than home address.)

City

Tarheel

State

NC

Zip Code

28392

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)

NC license or ID Number

X X X - X X -

Voter Registration No.

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

RECEIVED
OCT 15 2018

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican

REC'D BY
BLADEN CO. BD. OF ELECTIONS

☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Ballard	First Name Carmella	Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 390 Twisted Hickory Apt 18		Mailing Address (if different than home address.)		
City Elizabethtown	State NC	Zip Code 28332	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: / /				
You must provide at least one identification number below. (or see instructions) NC License and ID Number: XXX - XX		Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 15 2018 REC'D BY DAVID BOE </div>				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will use your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1871 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Williams

First Name

Mashekia

Middle Name

Nakia

Suffix

Home Address (NC Residential Address.)

390 Twisted Hickory #8

Mailing Address (if different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

SSN

X X X - X X -

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

OCT 15 2018

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference:

☐ Democratic☐ RepublicanTIME RECEIVED BY
BLADEN CO. BO. OF ELECTIONS☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18

Date

X

Date

Are you a citizen of the United States of America? ☒ Yes ☐ No Will you be at least 18 years of age on or before election day? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM. IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required) WILLIAMS
First Name (Required) NASHA
Middle Name (Required)
☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V
3 Date of Birth (MM/DD/YYYY) [REDACTED] State of Birth/Country of Birth NC
If you have a NC drivers license or non-operators ID card, enter the number below.
If "No," date moved? MMDDYYYY
Check here if you do not have a NC drivers license, ID card, or a SSN.

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes

4 Street Address where you live (Required) 390 TWISTED HICKORY Apt 8
City (Required) ELIZABETH TOWN State NC Zip Code 28337
County BLADEN Have you lived here for 30 days or more? ☒ Yes ☐ No If "No," date moved? MMDDYYYY Phone (Optional)

MAILING ADDRESS

5 Mailing Address (If you do not receive mail at your residential address)
Mailing Address Line 2
City State Zip Code
MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.
RECEIVED
APR 11 2018
TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

6 GENDER RACE ETHNICITY POLITICAL PARTY AFFILIATION
☒ Female ☒ African American/Black ☐ American Indian/Alaska Native ☐ Hispanic/Latino ☐ Democrat ☐ Republican ☐ Libertarian
☐ Male ☐ Asian ☐ Multiracial ☒ Not Hispanic/Latino ☒ Unaffiliated ☐ Other
If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)

7 Last Name used in Previous Registration First Name used in Previous Registration
Previous Address Previous County
Previous City Previous State Previous Zip Code

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:
- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
- I have not been convicted of a felony, or if I have, I am not currently serving any probation or parole.
(Citizenship and voting rights are automatically restored.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.

04/10/18
Date
TIONS



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

1873 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Tyndall

First Name

Emily

Middle Name

Nicole

Suffix

Date of Birth

Home Address (NC Residential Address)

987 White Lake Dr

Mailing Address (If different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1/

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)
NC License or ID Number

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

RECEIVED

State

Zip Code

OCT 15 2018

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ RepublicanRECEIVED BY
BLADEN CO. BO. OF ELECTIONS☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Name of Corporation (If appointed legal guardian)

Requestor's Address

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

09-06-18 X

Date

Date

1 Are you a citizen of the United States of America? ☒ Yes ☐ No **Exhibit 4.2.3.1.2** Will you be at least 18 years of age on or before election day 1874 of 2469 ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.
Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required) Tundall
First Name (Required) Emily
Middle Name (Required) Nicole
☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V
3 Date of Birth MMDDYYYY [REDACTED] State of Birth/Country of Birth NC
If you know your NC Voter Registration Number, enter it below.
If you have a NC drivers license or non-operators ID card, enter the number below.
[REDACTED] ☐ Check here if you do not have a NC drivers license, ID card, or a SSN.

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes
4 Street Address where you live (Required) 987 White Lake Dr
City (Required) Elizabethtown
County Bladen
Have you lived here for 30 days or more? ☒ Yes ☐ No
If "No," date moved? MMDDYYYY
Apartment, Lot, or Unit Number
State NC Zip Code 28337
Phone (Optional)

MAILING ADDRESS
5 Mailing Address (If you do not receive mail at your residential address) Some
Mailing Address Line 2
City
State
Zip Code
MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.

6 GENDER RACE ETHNICITY POLITICAL PARTY AFFILIATION
☒ Female ☐ African American/Black ☐ American Indian/Alaska Native ☐ Hispanic/Latino ☐ Democrat ☐ Republican ☐ Libertarian
☐ Male ☐ Asian ☐ Multiracial ☒ Not Hispanic/Latino ☐ Unaffiliated ☐ Other
☒ White ☐ Other
If you indicate a political party that is not currently qualified; or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)
7 Last Name used in Previous Registration
First Name used in Previous Registration
Previous Address
Previous County
Previous City
Previous State
Previous Zip Code

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:
• I am a United States citizen, as indicated above;
• I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
• I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
• I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
• I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole.
(Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed.)

Fraudulently or falsely completing this form is a Class 1 Felony under Chapter 163 of the NC General Statutes.

version092016

OUR COUNTY BOARD OF ELECTIONS.

09-18-18
Date:



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1875 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Soundell

First Name

Delores

Middle Name

Michelle

Suffix

Date of Birth

Home Address (NC Residential Address.)

419 Elizabethtown Rd

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1/18

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

X X X - X X

Voter Registration No.

012345

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

RECEIVED

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican

OCT 15 2018

☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

9/1/18

Date

X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1876 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name Stephens		First Name William		Middle Name A	Suffix
Home Address (NC Residential Address.) 700 Chestnut				Mailing Address (if different than home address.)	
City Bladenboro		State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: 1-1				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional	
NC License or ID Number XXX - X		SSN XXX - XX - XXX		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same				City	State	Zip Code
If voter is registered as: <input type="checkbox"/> Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot for: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Name				Name of Corporation (if appointed legal guardian)		
Requestor's Address				Requestor's Phone		
City				Requestor's Email		
State				Zip Code		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1877 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Begans		First Name Demond		Middle Name B	Suffix	Date of Birth
Home Address (NC Residential Address.) 1813 Twisted Hickory Rd				Mailing Address (if different than home address.)		
City Elizabethtown		State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC ID card number X X X - X X -				Voter Registration No. Optional		Phone (optional)
						Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference by <input type="checkbox"/> Democratic <input type="checkbox"/> Republican		Bladen County Board of Elections		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If "Yes," what is the name and address of the hospital or facility:		
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address:

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18
Date

X

Date

1 Are you a citizen of the United States of America? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.
2 Will you be at least 18 years of age on or before election day? 1878 of 2469 ☒ Yes ☐ No
Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? ☒ Yes ☐ No
IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required) Regans
First Name (Required) Demond
Middle Name (Required) B.
☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V
3 Date of Birth [REDACTED] State of Birth/Country of Birth [REDACTED]
If you have a NC drivers license or non-operators ID card, enter the number below. [REDACTED]
Enter the number below. [REDACTED]
☐ Check here if you do not have a NC drivers license, ID card, or a SSN.

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes
4 Street Address where you live (Required) 1873 Twisted Hickory Apartment, Lot, or Unit Number [REDACTED]
City (Required) Elizabethtown State NC Zip Code [REDACTED]
County Bladen Have you lived here for 30 days or more? ☒ Yes ☐ No If "No," date moved? MMDDYYYY [REDACTED] Phone (Optional) [REDACTED]

MAILING ADDRESS
5 Mailing Address (If you do not receive mail at your residential address)
1873 Twisted Hickory
Mailing Address Line 2 [REDACTED]
City Elizabethtown State NC Zip Code 28337
MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.

6 GENDER ☐ Female ☒ Male
RACE ☒ African American/Black ☐ American Indian/Alaska Native ☐ Asian ☐ Multiracial ☐ White ☐ Other
ETHNICITY ☐ Hispanic/Latino ☒ Not Hispanic/Latino
POLITICAL PARTY AFFILIATION ☐ Democrat ☐ Republican ☐ Libertarian ☒ Unaffiliated ☐ Other
If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)
7 Last Name used in Previous Registration [REDACTED] First Name used in Previous Registration [REDACTED]
Previous Address [REDACTED] Previous County [REDACTED]
Previous City [REDACTED] Previous State [REDACTED] Previous Zip Code [REDACTED]

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:
- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
- I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole.
(Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.
X [REDACTED] Date 9-1-18
COUNTY BOARD OF ELECTIONS

Scan Date	Batch Number	Source Code	Batch ID
2018-10-17 3:29PM	15	17	9790

Scan Date/Time: 2018-10-17 3:29PM

Batch Number: 15

Batch Size: 20

Source Code: 17

Batch ID: 9790

Operator: vpmckoy

Jessica Dowless
(McCrae Dowless)



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

715

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Marchmon

First Name

Jerome

Middle Name

Jerry

Suffix

Date of Birth

Home Address (NC Residential Address.)

1872 Twisted Hickory

Mailing Address (If different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

RECEIVED

Absentee Mailing Address (Where should the ballot be mailed?)

City

OCT 15 2018

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:☐ Democratic☐ RepublicanTIME RECD BY
BLADEN COUNTY BOARD OF ELECTIONS☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		

Name of Corporation (If appointed legal guardian)

Requestor's Address

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1881 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name <u>Matheson</u>		First Name <u>Tabitha</u>		Middle Name <u>Rae</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>1105 Bullard St</u>				Mailing Address (if different than home address.) <u></u>	
City <u>Elizabethtown</u>		State <u></u>	Zip Code <u>28337</u>	City <u></u>	State <u></u> Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>				Voter Registration No. Optional <u></u>	Phone (optional) <u></u> Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u> Requestor's Address <u></u> City <u></u> State <u></u> Zip Code <u></u>				
Name of Corporation (if appointed legal guardian) <u></u>				
Requestor's Phone <u></u> Requestor's Email <u></u>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1882 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018

Election Date

Voter Information

Last Name McKoy		First Name Tamarcus		Middle Name M	Suffix	Date of Birth
Home Address (NC Residential Address) 390 Twisted Hickory #14				Mailing Address (if different than home address.)		
City Elizabethtown		State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]				Voter Registration No. Optional		
SSN X X X - X X - [REDACTED]				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City Bladen		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference by: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
City		State	Zip Code	Name of Corporation (if appointed legal guardian)	
Requestor's Phone		Requestor's Email			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1883 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Miller</u>	First Name <u>Mary</u>	Middle Name <u>E</u>	Suffix <u></u>	Date of Birth <u>[REDACTED]</u>	
Home Address (NC Residential Address) <u>6759 Twisted Hickory</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u></u>		Previous Name (if applicable) <u></u>	
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. <u>X X X - X X [REDACTED]</u>		Phone (optional) <u></u>	
You must provide at least one identification number below. (for see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		Optional		Email (optional) <u></u>	

Absentee Voting Information				
Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican		RECEIVED OCT 15 2018 REC'D BY BLADEN CO. BD. OF ELECTIONS		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No		Non-partisan		
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <u></u>				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature of Voter (or Requestor) <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>9/16/18</u>	Date <u></u>



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1884 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Miller	First Name Jack	Middle Name D	Suffix	Date of Birth
Home Address (NC Residential Address.) 6759 Twisted Hickory		Mailing Address (if different than home address.)		
City Elizabethtown	State NC	Zip Code	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____				
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)	Email (optional)
[REDACTED] XXX - XX - [REDACTED]				

Absentee Voting Information

RECEIVED

OCT 15 2018

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican		Non-partisan <input type="checkbox"/>		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (if applicable)

Signature of Near Relative/Legal Guardian (if applicable)

9-10-18

Date

X

Date



Exhibit 4.2.3.1.2

1885 of 2469

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name McDowell	First Name Harold	Middle Name J	Suffix [REDACTED]
Home Address (NC Residential Address.) 3314 Peanut Plant Rd		Mailing Address (if different than home address.) [REDACTED]	
City Elizabethtown	State NC	Zip Code 28337	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/18			
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X [REDACTED]		Voter Registration No. Optional	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature X	Signature of Near Relative/Legal Guardian (if applicable) X
Date 8-28-18	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1886 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Morris		First Name Johnny		Middle Name	Suffix
Home Address (NC Residential Address.) 10898 S College St Apt 47A				Mailing Address (If different than home address.)	
City Clarkton	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____					
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
		RECEIVED OCT 15 2018		
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address.

Sig

Signature of Near Relative/Legal Guardian (if applicable)

9/15/18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: 1887 of 2469
BLADEN COUNTY BOARD OF ELECTIONSPhysical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Morris	First Name Sandy	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 10898 S College St Apt 47A		Mailing Address (if different than home address.)		
City Clarkton	State NC	Zip Code	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: / /		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same	City Bladen	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name			
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/6/18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1888 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Norris		First Name Hunter		Middle Name Lee	Suffix	Date of Birth
Home Address (NC Residential Address) 2987 NC 242 S				Mailing Address (if different than home address.)		
City Elizabethtown		State NC	Zip Code 28937	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: / /				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X				Voter Registration No. 000000	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Requestor's Phone		
City		State	Zip Code	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

9-10-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

First Name

Middle Name

Suffix

Home Address (NC Residential Address.)

Mailing Address (If different than home address.)

City

State

Zip Code

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: ____/____/____

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

Voter Registration No.
Optional

Phone (optional)

Email (optional)

X X X - X X - [REDACTED]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

RECEIVED

OCT 15 2018

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference BY☐ Democratic☐ Republican

BLADEN CO. BOARD OF ELECTIONS

☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1890 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Kinlaw

First Name

Patricia

Middle Name

Suffix

Home Address (NC Residential Address.)

578 Happy Valley

Mailing Address (if different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

OCT 15 2018

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:☐ Democratic☐ Republican

LIBERTARIAN

☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Stuart Neil Murphy

☐ spouse ☒ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

3512 NC 242 S

Name of Corporation (if appointed legal guardian)

City

Elizabethtown

State

NC

Zip Code

28337

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1891 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Date

Voter Information

Last Name

Pone

First Name

Earline

Middle Name

Suffix

Home Address (NC Residential Address.)

10759 S College St Apt 1B

Mailing Address (if different than home address.)

City

Clarkton

State

NC

Zip Code

28433

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move: 1/1/

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

RECEIVED

OCT 15 2018

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ RepublicanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Non-partisan
If "Yes," what is the name and address of the hospital or facility: ☐ Yes ☐ No

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Parker		First Name Melissa		Middle Name Ann	Suffix	Date of Birth
Home Address (NC Residential Address.) 2751 Hwy 410				Mailing Address (If different than home address.)		
City Bladenboro		State	Zip Code 28320	City		State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: / /				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

RECEIVED

Absentee Mailing Address (Where should the ballot be mailed?)		City OCT 15 2018	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary election preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

9-7-18

Date

Date

Scan Date	Batch	Source
2018-10-17 3:29PM	15	17

Scan Date/Time: 2018-10-17 3:29PM

Batch Number: 15

Source Code: 17

Image Number: 10

Deleted By: vpmckoy

Delete Date: 10/17/2018

Scan Date	Batch	Source
2018-10-17 3:29PM	15	17

Scan Date/Time: 2018-10-17 3:29PM

Batch Number: 15

Source Code: 17

Image Number: 12

Deleted By: vpmckoy

Delete Date: 10/17/2018



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1895 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information					
Last Name <u>Ludlum</u>		First Name <u>Harley</u>		Middle Name <u>Lane</u>	Suffix
Home Address (NC Residential Address.) <u>1956 Hwy 410 S</u>		Mailing Address (if different than home address.)			
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. (optional)		
NC License or ID Number	SSN	Email (optional)			
<u>X X X - X X</u>	<u>[REDACTED]</u>				

RECEIVED

OCT 15 2018

REC'D BY
BLADEN CO. BO. OF ELECTIONS

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State
		Zip Code	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		Requestor's Address	
		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u>		Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>	
Date <u>9-1-18</u>		Date	

IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.

Are you at least 16 years of age and understand that you must be 18 years of age on 2 before election day to vote? 1896 of 2489 ☒ Yes ☐ No

IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2 Last Name (Required) Ludlum
First Name (Required) Harley
Middle Name (Required) Lane
☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V

3 Date of Birth (MM/DD/YYYY) [REDACTED] State of Birth/Country of Birth [REDACTED]
If you have a NC drivers license or non-operators ID card, enter the number below. [REDACTED]
Check here if you do not have a NC drivers license, ID card, or a SSN. ☐

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes

4 Street Address where you live (Required) 1936 Hwy 410 S Apartment, Lot, or Unit Number [REDACTED]
City (Required) Dublin State NC Zip Code 28332
Country Bladen Have you lived here for 30 days or more? ☒ Yes ☐ No If "No," date moved? MM/DD/YYYY [REDACTED] Phone (Optional) [REDACTED]

MAILING ADDRESS

5 Mailing Address (If you do not receive mail at your residential address) Same
Mailing Address Line 2 [REDACTED]
City [REDACTED] State [REDACTED] Zip Code [REDACTED]
MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks. [REDACTED]

6 GENDER ☐ Female ☒ Male
RACE ☐ African American/Black ☐ American Indian/Alaska Native ☐ Asian ☒ White ☐ Multiracial ☐ Other
ETHNICITY ☐ Hispanic/Latino ☒ Not Hispanic/Latino
POLITICAL PARTY AFFILIATION ☐ Democrat ☒ Republican ☐ Libertarian ☐ Unaffiliated ☐ Other
If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)

7 Last Name used in Previous Registration [REDACTED] First Name used in Previous Registration [REDACTED]
Previous Address [REDACTED] Previous County [REDACTED]
Previous City [REDACTED] Previous State [REDACTED] Previous Zip Code [REDACTED]

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:
- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
- I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole. (Citizenship and voting rights are automatically restored upon completion of the sentence. No separate document is needed.)

Fraudulently or falsely completing this form is a Class 1 Felony under Chapter 163 of the NC General Statutes.

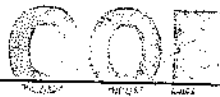
X
Signature

9-1-18
Date



State Absentee Ballot Request Form

North Carolina



BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown, NC
28337

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

1897 of 2469

Mailing Address:
PO Box 512
Elizabethtown

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Perkins</u>	First Name <u>Geneva</u>	Middle Name <u>J.</u>	Suffix	Date of Birth <div style="background-color: black; width: 100px; height: 20px;"></div>
Home Address (NC Residential Address.) <u>2879 NC Hwy 242 S.</u>		Mailing Address (different than home address.)		
City <u>Elizabethtown</u>		State		Zip Code
Have you lived at this address for more than 30 days? If "No," indicate the date of your move: You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>				
Previous Name (if applicable)				
Phone (optional)		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	State	Zip Code
If voter is registered as Unaffiliated and request: <input type="checkbox"/> Democratic	<input checked="" type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home, etc., If "Yes," what is the name and address of the hospital/clinic/nursing home?	Assistance in marking your ballot: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
Requestor's Address	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
City	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	Name of Corporation (if appointed legal guardian)	
State	Requestor's Phone		Requestor's Email		
Zip Code					

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>9-6-18 X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.23.12

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1898 of 2469
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION
Election Type (Primary, General, Municipal, Special, etc.)

on NOVEMBER 6, 2018
Election Date

Voter Information

Last Name Perkins	First Name Geneva	Middle Name J	Suffix	Date of Birth
Home Address (NC Residential Address.) 2879 NC Hwy 242 S		Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)	Email (optional)
NC License or ID Number	SSN X X X - X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City RECEIVED	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
Requestor's Address	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
City	State	Zip Code	Name of Corporation (if appointed legal guardian)	
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Fax Number or Email Address	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18 X

Date

Date

IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION,
DO NOT SUBMIT THIS FORM.

Exhibit

Are you at least 16 years of age and understand that you must be at least 18 years of age on or before election day to vote?

Yes ☒ No ☐

IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS,
DO NOT SUBMIT THIS FORM.

2 Last Name (Required) Perkins
First Name (Required) Geneva
Middle Name (Required) J
☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V

3 Date of Birth [REDACTED] State of Birth/Country of Birth NC
If you have a NC drivers license or non-operators ID card, enter the number below [REDACTED]
☐ Check here if you do not have a NC drivers license, ID card, or a SSN

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes

4 Street Address where you live (Required) 2879 NC HWY 242 S Apartment, Lot, or Unit Number
City (Required) Elizabethtown State NC Zip Code 28337
County Bladen Have you lived here for 30 days or more? ☒ Yes ☐ No If "No," date moved? MMDDYYYY Phone (Optional)

MAILING ADDRESS

5 Mailing Address (if you do not receive mail at your residential address) Same
Mailing Address Line 2
City State Zip Code
MAP/DIAGRAM If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.

6 GENDER ☒ Female ☐ Male RACE ☐ African American/Black ☐ Asian ☒ White ☐ American Indian/Alaska Native ☐ Multiracial ☐ Other ETHNICITY ☐ Hispanic/Latino ☒ Not Hispanic/Latino POLITICAL PARTY AFFILIATION ☐ Democrat ☒ Republican ☐ Libertarian ☐ Unaffiliated ☐ Other If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)

7 Last Name used in Previous Registration First Name used in Previous Registration
Previous Address Previous County
Previous City Previous State Previous Zip Code

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:
• I am a United States citizen, as indicated above;
• I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
• I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
• I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
• I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole.
(Citizenship and voting rights are automatically restored upon completion of sentence.)

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.

version 092016

X
Sig

Date

9-6-18

CTIONS.

Scan Date	Batch Number	Source Code	Batch ID
2018-07-18 1:54PM	8	97	9438

Scan Date/Time: 2018-07-18 1:54PM

Batch Number: 8

Batch Size: 1

Source Code: 97

Batch ID: 9438

Operator: gward



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1901 of 2469

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Denkins		First Name Barna		Middle Name A	Suffix [REDACTED]
Home Address (NC Residential Address) 309 Emma St				Mailing Address (If different than home address.) [REDACTED]	
City Elizabethtown	State N	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1-1			Previous Name (if applicable)		
You must provide at least one identification number below, for see instructions) NC License or ID Number X X X - X X [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



North Carolina

State Absentee Ballot Request Form

Exhibit 4.2.3.1.2

301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
1902 of 2469
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Drayton		First Name Crispin		Middle Name Lolita		Suffix	Date of Birth
Home Address (NC Residential Address.) 38 George Whalley Rd				Mailing Address (if different than home address.) P.O. Box 154			
City Clarkton		State NC	Zip Code 28433	City Clarkton		State NC	Zip Code 28433
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1							
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 154		City Clarkton		State NC	Zip Code 28433
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/8/18

Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1903 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jessup</u>	First Name <u>Vickie</u>	Middle Name <u>Willis</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>50 Lewis mcdowen dr.</u>		Mailing Address (if different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number		Email (optional)		
SSN <u>X X X - X X - [REDACTED]</u>		<u>Not Reg.</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC

Mailing Address
PO Box 512
Elizabethtown

12-6951
tsbe.gov

FAX: 910-862-7820

RECEIVED

TUR 12 12 2018

TIME _____ RECD BY _____
BLADEN COUNTY, NC

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A C

I am requesting an absentee ballot for the: _____
Election Type (Primary, General, etc.)

Underage -
letter in
incomplete
you already

THE NC GENERAL STATUTES.

NOVEMBER 6, 2018
Election Date

Voter Information

Last Name Leach		First Name Yakayla		Middle Name A	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) 147 Idas Lane				Mailing Address (if different than home address.)		
City Clarkton		State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		
NC License or ID Number		SSN	[REDACTED]			
[REDACTED]		[REDACTED]	[REDACTED]			
Phone (optional)				Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

8/13/18

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1905 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>LEWIS</u>		First Name <u>Maggie</u>		Middle Name:	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>305 Emma St</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - X [REDACTED]</u>			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8/15/18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1906 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name McKiver	First Name Ronnie	Middle Name Edward	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 42 Pearl Road Rd		Mailing Address (if different than home address.)		
City White Oak	State NC	Zip Co 28	State NC	Zip Code 28399
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		s Name (if applicable)		
If "No," indicate the date of your move: 1/1/1		optional) Email (optional)		
You must provide at least one identification number below, for see instructions NC License or ID Number X X X - X X - [REDACTED]		[REDACTED]		

previously
removed

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marines on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

[Signature]

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Walter</u>		Middle Name <u>T</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>238 Flechter Johnson Rd</u>				Mailing Address (If different than home address.)		
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City <u>Not Reg.</u>	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Cot <u>P</u>		
If "No," indicate the date of your move: <u>1/1</u>				licable)		
You must provide at least one identification number below. (For see instructions)				Vo		
NC License or ID Number		SSN <u>XXX - XX</u>		mail (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

TO: BLADEN COUNTY BOARD OF ELECTIONS 1908 of 2469

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Montgomery</u>		First Name <u>Devin</u>		Middle Name <u>Kamm</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>53 Twin Drive</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>		State <u>NC</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/18</u>				Voter Registration No. (Optional)		Phone (optional)	
You must provide at least one identification number below. (for see instructions) NC license or ID Number: <u>XXXX-XX-XXXX</u>				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		State <u>NC</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan, prior: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican		<input type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate: If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>		Marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If requesting an absentee ballot on behalf of a near relative, Requestor's Name <u>[REDACTED]</u>		and relationship to the voter: <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepparent <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> legal guardian	
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian)	
City <u>[REDACTED]</u>	State <u>NC</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>
		Requestor's Email <u>[REDACTED]</u>	

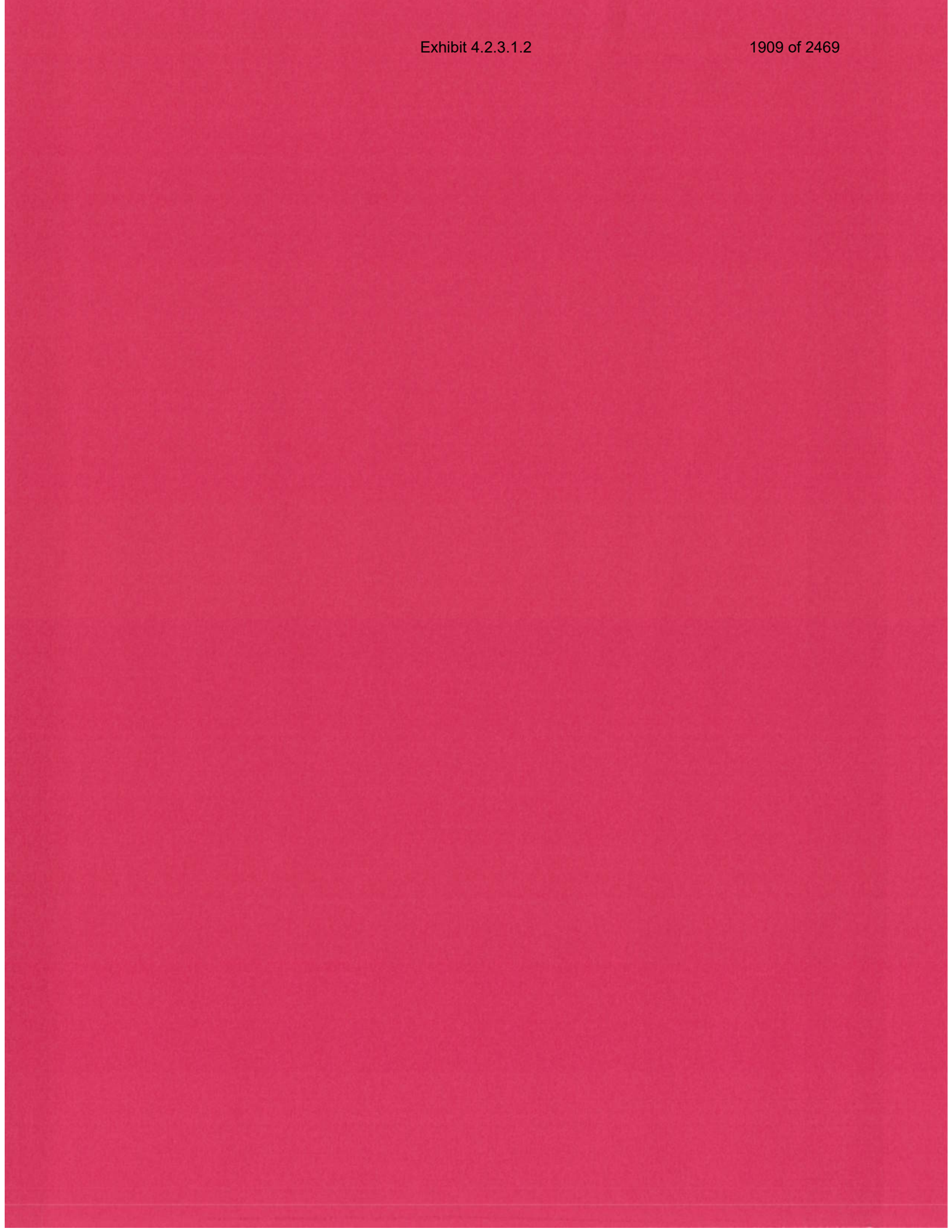
For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address: <u>[REDACTED]</u>	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18
DateX Victoria Muchain
Date8-14-18
Date



Received
7/2/18

Voter Registration and Absentee Ballot Request

Federal Post Card Application (FPCA)

This form is for absent Uniformed Service members, their families, and citizens residing outside the United States. It is used to register, to vote, request an absentee ballot, and update your contact information. See your State's instructions at FVAP.gov.

Print clearly in blue or black ink.

1. Who are you? Pick one.

I request an absentee ballot for all elections in which I am eligible to vote AND:

- ☐ I am on active duty in the Uniformed Services or Merchant Marine -OR- ☒ I am an eligible spouse or dependent.
☐ I am an activated National Guard member on State orders.
☐ I am a U.S. citizen living outside the country, and I intend to return.
☐ I am a U.S. citizen living outside the country, and my return is uncertain.
☐ I am a U.S. citizen living outside the country, and I have never lived in the United States.

Last name

Corbett

Suffix (Jr., II)

Sex ☐ Female
☒ Male

First name

Dewayne

Previous names (if applicable)

Middle name

Birth date (MM/DD/YYYY)

Social Security Number

Driver's license or State ID #

2. What is your address in the U.S. State or territory where you are registering to vote and requesting an absentee ballot?

Your voting materials will not be sent to this address. See instructions on other side of form.

Street address

2030 WHITE OAK RD

Apt #

City, town, village

KELLY

State NC

County

Bladen

ZIP 28448

3. Where are you now? You must give your CURRENT address to receive your voting materials.

Your mailing address. (Different from above)

Your mail forwarding address. (if applicable)

1833 Clachan Court, Vienna, VA 22182

4. What is your contact information? This is so election officials can reach you about your request.

Provide the country code and area code with your phone and fax number. Do not use a Defense Switched Network (DSN) number.

Email: dewaynecorbett80@gmail.com

Phone: 910-622-0275

Alternate email: dewayne.corbett.civ@mail.mil

Fax:

5. What is your voting preferences? Select One.

How do you want to receive voting materials from your election office?
☐ Mail
☒ Email or online
☐ Fax

What is your political party for primary elections? Democratic

6. What additional information must you provide?

The following need more information: Alaska, Arizona, Puerto Rico, Vermont, and Virginia. (Ex. Proof of residency, employer, etc.) You may also use this space to clarify your voter information. See the *Voting Assistance Guide* at FVAP.gov.

Receive Ballot For: All elections for which I am eligible.

7. You must read and sign this statement.

I swear or affirm, under penalty of perjury, that:

- The information on this form is true, accurate, and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.
- I am a U.S. citizen, at least 18 years of age (or will be by the day of the election), eligible to vote in the requested jurisdiction, and
- I am not disqualified to vote due to having been convicted of a felony or other disqualifying offense, nor have I been adjudicated mentally incompetent or if so, my voting rights have been reinstated; and
- I am not in the United States, except the jurisdiction cited in this voting form.

Seal
This information

Today's date
Month/Day/Year

06/29/2018

Dwayne Corbett

1833 Clachan Court, Vienna, VA 22182

International airmail postage is required if not mailed in the U.S. Postal Service, APO/FP system, or diplomatic pouch.

OFFICIAL ELECTION MAIL

RECEIVED

Jul 02 2018

TIME _____ REC'D BY _____

BLADEN CO. BD. OF ELECTRONICS

OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST CLASS MAIL

NO POSTAGE NECESSARY IN THE U.S. MAIL - DMM 703.8.0.

To
(Your local election office in the United States. Check your State's pages in the Voting Assistance
Guidance F.VAP.gov for contact information.)

Bladen County Board of Elections

P.O. Box 512

Elizabethtown, NC 28337-0512

[Faint, illegible handwritten notes]

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PARAVION

U.S. Postage Paid
33 USC 3406

Scan Date	Batch Number	Source Code	Batch ID
2018-08-29 9:55AM	2	97	9538

Scan Date/Time: 2018-08-29 9:55AM
 Batch Number: 2
 Batch Size: 1
 Source Code: 97
 Batch ID: 9538
 Operator: gward



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Johnson</u>		First Name <u>Neressa</u>		Middle Name <u>Renee</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>405 W. Main Ridge Way Apt 104</u>				Mailing Address (if different than home address.) [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see ins)			one (optional) Email (optional)		
NC License or ID Number <u>XXXXXXXXXX</u>			SSN <u>[REDACTED]</u>		

Soc. Sec. #
not valid

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18

X

Date

Date



State Absentee **RECEIVED** Ballot Form

North Carolina

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown.

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type

in NOVEMBER 6, 2018

Election Date

Voter Information

Last Name McMillian First Name Rodrick

ame ment Suffix [REDACTED]

Home Address (NC Residential Address):

1636 Coley Rd

than home address: _____

City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
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Have you lived at this address for more than 30 days? ☐ Yes ☐ NoIf "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☒ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

7/13/18
Date

X

Date

2018-08-28 2:58PM

1917 of 2469

Exhibit 4.2.3.1.2

Scan Date	Batch Number	Source Code	Batch ID
2018-08-28 2:58PM	2	17	9536

Scan Date/Time: 2018-08-28 2:58PM
 Batch Number: 2
 Batch Size: 29
 Source Code: 17
 Batch ID: 9536
 Operator: gward

Reg Drive
 Lola Weston
 (1 in person - Allison Dellinger)

Done! 8/29/18 GPH

RECEIVED

AUG 23 2018

RECEIVED
EXHIBIT 423.12 FAXED

1918 of 2469

State Absentee Ballot Request Form
North CarolinaTIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address:
301 S Cypress Street
Elizabethtown NC
28337Mailing Address:
PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on Tues Nov 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Dellinger		First Name Allison		Middle Name Dumas		Suffix	
Home Address (NC Residential Address.) 1394 Baytree Dr.				Mailing Address (if different than home address.) 1205 S. Main St.			
City Harrells		State NC		Zip Code 28444		City Blacksburg	
State VA		Zip Code 24060		County of Residence Bladen		Previous Name (if applicable)	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				If "No," indicate the date of your move: 1/1			
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)	
XXX - XX -						Email (optional) allid94@vt.edu	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1205 S. Main St.		City Blacksburg		State VA		Zip Code 24060	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		Requestor's Address		Name of Corporation (if appointed legal guardian)		Requestor's Phone	
City		State		Zip Code		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (or near relative)

X

Signature of Near Relative/Legal Guardian (if applicable)

08/23/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Williams</u>		First Name <u>Charlene</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>132 Bladen RD.</u>				Mailing Address (if different than home address.)		
City <u>Tor Hill</u>		State <u>NC</u>	Zip Code <u>28382</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No. (optional)		
NC License or ID Number [REDACTED]		SSN <u>X X X - X X</u>		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.						
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
				<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City				Name of Corporation (if appointed legal guardian)		
State		Zip Code		Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)	Date
<u>7/19/18</u>	<u>X</u>



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type: (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Robinson		First Name Kristal		Middle Name S	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 2900 W. Broad St				Mailing Address (if different than home address.) P.O. Box 2853		
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1-1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XX X - XX				Voter Registration No. Bladen		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent: <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/19/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Mathis		First Name NIKKI		Middle Name P	Suffix [REDACTED]
Home Address (NC Residential Address) P O Box 3097 (918 Joel St)				Mailing Address (If different than home address.) P O Box 3097	
City E-town	State NC	Zip Code 28337	City Elizabethtown	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signa X	Signature of Near Relative/Legal Guardian (if applicable) 7-21-18 X
Date	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKay</u>		First Name <u>Margaret</u>		Middle Name <u>J.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>875 Fox St</u>				Mailing Address (if different than home address) <u>PO Box 1363</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u> SSN <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent: <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

7-19-18

Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown.

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Brown		First Name Michael		Middle Name Thurman	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 916 Soel St.				Mailing Address (If different than home address.) 314 Cedar St.		
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1-1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Joseph</u>		Middle Name <u>C.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>815 Fox St.</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1-1-</u>						
You must provide at least one identification number below. (or see instructions) NC License of ID Number <u>X X X - X X</u>			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

1925 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St.
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Burden		First Name John		Middle Name	Suffix
Home Address (NC Residential Address.) 218 Burden Rd.				Mailing Address (if different than home address.)	
City Lar Heel		State N.C.	Zip Code 28392	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1				Voter Registration No.	Phone (optional) Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7/18/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Montgomery</u>		First Name <u>Chen</u>		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>62 Montgomery</u>				Mailing Address (If different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	
NC License or ID Number	SSN		[REDACTED]		Email (optional)	
	<u>X X X - X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (If appointed legal guardian)
		Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

S	Signature of Near Relative/Legal Guardian (if applicable)
	X
Date	Date



State Absentee Request Form

North Carolina

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Denise</u>		First Name <u>Brittany</u>		Middle Name <u>Denise</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>510 Mercer mill Rd Apt 2</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		Phone (optional)
NC License or ID Number		SSN <u>X X X - X X - [REDACTED]</u>		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-13-18</u>	Date



State Absentee Ballot Request Form
North Carolina
RECEIVED
AUG 17 2018

Exhibit 4.2.3.1.2

1928 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Albert</u>		Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>209 Mercen Mill Rd Apt 1 I</u>				Mailing Address (if different than home address)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		
NC License or ID Number		SSN	Phone (optional)			
<u>X X X - X X</u>		[REDACTED]	Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Jones</u>		First Name <u>Another</u>		Middle Name <u>D</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>209 Merion Mill Rd Apt 1E</u>				Mailing Address (if different than home address)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)
NC License or ID Number		SSN	Optional		Email (optional)	
<u>X X X - X X</u>		<u>[REDACTED]</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Pridgen</u>		First Name <u>Sabrina</u>		Middle Name <u>A</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>212 Medcum Dr</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		
NC License or ID Number		SSN <u>X X X - X X</u>	[REDACTED]		Optional	Phone (optional)
				Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1744</u>				City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18

Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>High</u>		First Name <u>Markus</u>		Middle Name <u>D</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>401 Bunker St</u>				Mailing Address (if different than home address) [REDACTED]		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional) Email (optional)	
NC License or ID Number <u>XXXX - XX</u>		SSN [REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-13-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

AUG 17 2018

TIME RECEIVED
BLADEN COUNTY BOARD OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address:

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>COPMART, E</u>		First Name <u>GYNHIA</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address) <u>74 Pompey Rd</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. <u>01040</u>		Phone (optional)	
NC License or ID Number SSN <u>X X X - X X</u>					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-20-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Johnson</u>		First Name <u>Deborah</u>		Middle Name <u>Leeanne</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>2155 Hwy 702 N, Elizabethtown NC</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>27337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below, (or see instructions) NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



North Carolina

RECEIVED CIVIL RIGHTS FORM

AUG 17 2018 17 2018

Exhibit 4.2.3.1.2

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS301 S Cypress St
Elizabethtown NC
28337Mailing Address
1934 5th 2469
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Odell</u>		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>21 Blue Bluff Dr</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (not to be signed)

Signature of Near Relative/Legal Guardian (if applicable)

8-21-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Gaskins		First Name Mary		Middle Name O'Neal	Suffix [REDACTED]
Home Address (NC Residential Address) 209 Mercer Mill Rd apt 2c				Mailing Address (If different than home address.) [REDACTED]	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina **RECEIVED**
AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>SONES</u>		First Name <u>Quintina</u>		Middle Name <u>F</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>204 Mercer Mill Rd Apt 1N</u>				Mailing Address (if different than home address) [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (For registration only.) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-13/18 X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Sacobs</u>		First Name <u>Agnes</u>		Middle Name <u>Stultz</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>10898 S College St Apt 30</u>				Mailing Address (if different than home address.) [REDACTED]	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1-1</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email.
	Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

7-28-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Gomes		First Name Alexander		Middle Name D.	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address): 10898 S College St Apt 36				Mailing Address (if different than home address):		
City Clarkton		State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		
NC License or ID Number XXX - XX		SSN [REDACTED]		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas):	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>MCKAY</u>		First Name <u>Cynthia</u>		Middle Name <u>Ann</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address): <u>10898 SC College St APT 6</u>				Mailing Address (If different than home address.)		
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		
NC License or ID Number		SSN	Phone (optional)			
<u>X X X - X</u>		<u>[REDACTED]</u>	Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18

Date

X

Date



State Absentee Request Form

North Carolina

AUG 17 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Maultsby</u>		First Name <u>Clarence</u>		Middle Name <u>John</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>305 Swanzy Ridgeway Apt. 103</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional	Phone (optional)	Email (optional)
NC License or ID Number	SSN				
	<u>X X X - X X</u>	[REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>White</u>		First Name <u>Shaville</u>		Middle Name <u>P</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>659 Twisted Hickory Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions)			Voter Registration No. <u>[REDACTED]</u>	Phone (optional)	Email (optional)
NC License or ID Number SSN <u>XXX - XX</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Rogers</u>		First Name <u>Jaronda</u>		Middle Name <u>Shana'i</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>905 mem st</u>				Mailing Address (if different than home address.) <u>PO Box 1597</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional) <u>910 247-1070</u>	
NC License or ID Number <u>XX XX - XX</u>	SSN [REDACTED]					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>FULL</u>		First Name <u>LISA</u>		Middle Name <u>TINA</u>	Suffix	Date of Birth
Home Address (NC Residential Address) <u>37 Abrams Creek Church Rd</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX</u> SSN: <u>[REDACTED]</u>				Voter Registration No. <u>[REDACTED]</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

7-11-18
 Date

X

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED
Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 912469
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Sones</u>		First Name <u>John</u>		Middle Name <u>E</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>10759 S. College St Apt 1D</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28413</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NCLicense or ID Number <u>X X X - X X</u>				SSN <u>[REDACTED]</u>	Phone (optional)
				County Registration No. Optional	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7/20/18
Date

X
Date

Scan Date
2018-08-23 4:19PM

Lola Wooden

e Code
Batch ID
9524

(60)

Scan Date/Time: 2
Batch Number: 5
Batch Size: 60
Source Code: 17
Batch ID: 9524
Operator: gward

Reg. Invoice by Lola
Wooden - 8/23/18 (GPW)

Done! 8/28/18

Letter is mailed -
I already had letter sent by Chris



State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 17 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1947 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Sames</u>		Middle Name <u>H</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>285 Sand Pit Rd</u>				Mailing Address (if different than home address.) [REDACTED]		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-1</u>				Previous Name (if applicable)		
You must provide at least one identification number below, (or see instructions) NC License or ID Number <u>X X X - X</u> [REDACTED]				Voter Registration No. Optional		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City <u>RECEIVED</u>	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

608 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Willis</u>		First Name <u>Antwan</u>		Middle Name <u>D</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>233 Sandpit rd</u>				Mailing Address (if different than home address.) <u>P.O. Box 642</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)					
NC License or ID Number <u>XXXX-XX</u>	SSN <u>XXXX-XX</u>	Voter Registration No. <u>[REDACTED]</u>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ READ BY _____
BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Pettiford</u>		First Name <u>Samantha</u>		Middle Name <u>M</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>1010 James St</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions.) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8/14/18X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Leach</u>		First Name <u>Brenda</u>		Middle Name <u>S</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>145 Idas Lane</u>				Mailing Address (if different than home address) <u>[REDACTED]</u>	
City <u>Markton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7/13/18
Date

X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME RECEIVED BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Shipman</u>		First Name <u>Lovanna</u>		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>285 Sand Pit Rd</u>				Mailing Address (If different than home address.) <u>P.O. Box 2404</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. <u>00000000</u>			
NC License or ID Number <u>XXX - XX</u>	SSN <u>XXX - XX</u>			Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1952 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Scopes</u>	First Name <u>James</u>	Middle Name <u>E</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>319 Princess Lane</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>		Previous Name (if applicable)		
You must provide at least one identification number below, for see instructions: NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8/14/18</u>	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1953 of 2469

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
McLeod	Neferiti	3.	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
377 Franklin Martin Rd			
City	State	Zip Code	City
Elizabethtown	NC	28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: / /		Bladen	
You must provide at least one identification number below. (for see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN	Optional	Email (optional)
	XXX - XX		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

11/17/2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1954 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKiver</u>		First Name <u>Michael</u>		Middle Name <u>C</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>248 Sand Pit Rd</u>				Mailing Address (if different than home address) <u>P.O. Box 842</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below, (or see instructions) NC License or ID Number: <u>XXXXXXXX</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>[REDACTED]</u> Date: <u>8/14/18</u>
---	--



North Carolina

Exhibit 4.2.3.1.2

501 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 517
Elizabethtown
28337PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Pone</u>		First Name <u>Earline</u>		Middle Name <u>K</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>10759 St College APT 1B</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>		SSN <u>X X X - X X [REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X7/11/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME: 10:10 AM
BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McIntyre</u>		First Name <u>Milton</u>		Middle Name <u>S</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>817 Foy St</u>				Mailing Address (if different than home address.) <u></u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. <u></u>		
NC License or ID Number <u></u>		SSN <u>X X X - X X -</u>	Phone (optional) <u></u>		Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

01/5/18
X

Date



North Carolina

Exhibit 4.2.3.1.2

RECEIVED

301 S Cypress St
Elizabethtown NC
28337Mailing Address
P.O. Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

BLADEN COUNTY, NC ELECTIONS

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date:

Voter Information

Last Name <u>Drayton</u>		First Name <u>Drayton</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>35 George W Kelly Rd</u>				Mailing Address (if different than home address.) <u>P.O. Box 184</u>		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1-</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional)	
NC License or ID Number SSN <u>X X X - X X -</u>					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 184</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>	Date <u>8-8-18</u>
---	-----------------------



State Absentee Ballot Request Form

North Carolina

RECEIVED
NOV 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Leach		First Name Anna		Middle Name Maria	Suffix	Date of Birth
Home Address (NC Residential Address.) 147 IDAS LANE				Mailing Address (If different than home address.)		
City Clarkton	State NC	Zip Code 28433	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1			Voter Registration No. 00000		Phone (optional)	
You must provide at least one identification number below. (or see instructions)			Email (optional)			
NC License or ID Number		SSN				
X X X - X X -		[REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8/13/2018
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

301 S Cypress St
Elizabethtown NC
28337

Mailing Address
P.O. Box 2469
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lee</u>		First Name <u>Laura</u>		Middle Name <u>Ann</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>36 George W Kelly Rd</u>				Mailing Address (if different than home address.) <u>P.O. Box 154</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			SSN <u>[REDACTED]</u>		
Voter Registration No. Optional			Phone (optional)		
Email (optional)					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 154</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-13-18

Date

Date



Exhibit 4.2.3.1.2

1960 of 2469

State Absentee Ballot Request Form

North Carolina

RECEIVED

MAY 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Drayton</u>		First Name <u>Johnny</u>		Middle Name <u>Matthew</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>PO Box 1032 (110 Rail Road St)</u>				Mailing Address (If different than home address.) <u>PO Box 1032</u>	
City <u>Clarkston</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkston</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>			Voter Registration No. <u></u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-13-18

X

Date

Date



North Carolina

Exhibit 4.2.3.1.2

301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 2469
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Graham		First Name Dorrell		Middle Name Antonio	Suffix [REDACTED]
Home Address (NC Residential Address.) 948 Willard Tatum Rd.				Mailing Address (If different than home address.) 274 P.O. Box	
City Elizabethtown		State NC	Zip Code 28337	City Elizabethtown	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]				Voter Registration No.	Phone (optional) (410) 549-8290
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Charlie</u>		Middle Name <u>M</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>PO 233 Sand pit Rd</u>				Mailing Address (if different than home address.) <u>P.O. BOX 642</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXX</u>			Voter Registration No. <u></u>		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address:

S: 0/14/18 Signature of Near Relative/Legal Guardian (if applicable)
Date X



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1963 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date:

Voter Information

Last Name <u>Rogers</u>		First Name <u>Jabrel</u>		Middle Name <u>T</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>401 Quail St</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (for see instructions) NC License or ID Number <u>XX XX - XX - [REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1964 of 2469

Physical Address:
301 S. Cypress St.
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Rogers		First Name Katrice		Middle Name S	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 401 Quail St.				Mailing Address (if different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1-1						
You must provide at least one identification number below. (For see instructions) NC License or ID Number XXX - XX - [REDACTED]			Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature of Voter

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1965 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Whitted</u>		First Name <u>Jacqueline</u>		Middle Name <u>Elaine</u>	Suffix	Date of Birth
Home Address (NC Residential Address) <u>87 Florence Dr</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-11</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		
NC License or ID Number		SSN	Phone (optional)			
<u>X X X - X X -</u>		<u>[REDACTED]</u>	Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name				Requestor's Address		
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				Name of Corporation (if appointed legal guardian)		
<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law						
<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Address		City		State	Zip Code	Requestor's Phone
						Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



Exhibit 4.2.3.1.2

1966 of 2469

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Kilpatrick		First Name Tony		Middle Name Negundo's	Suffix	Date of Birth
Home Address (NC Residential Address.) 109 Sandpiper rd				Mailing Address (If different than home address.) PO box 1541		
City Elizabethtown		State NC	Zip Code 28337	City Elizabethtown		State NC Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1-1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		
NC License or ID Number		SSN X X X - X X -		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Whitted</u>		First Name <u>Janet Inez</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>65 Sandpit Rd.</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
SSN <u>XXX - XX -</u>			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Melvin</u>		First Name <u>Samuel</u>		Middle Name <u>Darrell</u>		Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>42 Sand pit Rd</u>				Mailing Address (if different than home address.)			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				You must provide at least one identification number below. (or see instructions)		Voter Registration No.	
NC License or ID Number		SSN	[REDACTED]		Phone (optional)	Email (optional)	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

08-14-2018X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Smith		First Name Mary		Middle Name O	Suffix	Date of Birth
Home Address (NC Residential Address.) PO Box 2515 Sand Pk R				Mailing Address (If different than home address.) PO Box 2515		
City Elizabethtown		State NC	Zip Code 28337	City Elizabethtown		State NC Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1-1				Previous Name (If applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		
NC License or ID Number		SSN	Phone (optional)			
XXX - XX - XXXX			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1970 of 2469

State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name McIver		First Name Degee		Middle Name	Suffix
Home Address (NC Residential Address) 1708 Martin Luther King				Mailing Address (if different than home address)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN XXX - XX -			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Denkins		First Name Rama		Middle Name A	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 1708 MLK				Mailing Address (if different than home address.) [REDACTED]		
City Elizabethtown		State NC	Zip Code 28337	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/						
You must provide at least one identification number below: (or see instructions) NC License or ID Number: XXXX - XX				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1972 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>George</u>		Middle Name <u>S</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>1107 Quail St</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1-</u>					
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional	Phone (optional) Email (optional)
NC License or ID Number		SSN <u>X X X - X X</u>	[REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent; <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

150118 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McIntyre</u>		First Name <u>Milton</u>		Middle Name <u>S</u>	Suffix <u>SE</u>
Home Address (NC Residential Address.) <u>817 Fox St</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number <u>XXX - XX</u>			Phone (optional)		
SSN <u>XXX - XX</u>			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

9/15/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name McMillian		First Name CHRISTY		Middle Name S	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 1703 Martin Luther King Dr.				Mailing Address (If different than home address.) 11		
City Elizabethtown		State NC	Zip Code 28337	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: X X X - X X [REDACTED]				Voter Registration No. 07245	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (must be signed by voter)

Signature of Near Relative/Legal Guardian (if applicable)

4-15-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McNitt</u>		First Name <u>Sheris</u>		Middle Name <u>Annette</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>701 Richardson St</u>				Mailing Address (If different than home address.) [REDACTED]		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number	SSN					
	<u>X X X - X X</u>	[REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

8/15/18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1976 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Puporee</u>		First Name <u>Kathline</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>304 Emma St</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>			Previous Name (if applicable)		
You must provide at least one identification number below, for see instructions: NC License or ID Number <u>XXX - XX</u>			Voter Registration No. <u>[REDACTED]</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8/15/18</u>	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Miaasha</u>		Middle Name <u>Talpa</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>217 Sandpiper rd.</u>				Mailing Address (If different than home address.) <u>PO Box 2515</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No. <u>000000</u>		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter: X 8/17/18 X
Date: _____
Signature of Near Relative/Legal Guardian (if applicable): _____
Date: _____



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Elbert</u>		Middle Name <u>L</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>217 Sandpiper R.D</u>				Mailing Address (If different than home address.) <u>P.O. Box 2515</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXXXXXXXX</u>			Voter Registration No. <u></u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Spanning</u>		First Name <u>Carol</u>		Middle Name <u>S</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>172 Idas Lane</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)					
NC License or ID Number <u>X X X - X X</u>		SSN [REDACTED]		Voter Registration No. [REDACTED]	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McDuffie</u>		First Name <u>Wilber</u>		Middle Name <u>D</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>172 Idas Lane</u>				Mailing Address (If different than home address.) <u>28433</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number <u>X X X - X X</u>		SSN <u>[REDACTED]</u>	Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Leach</u>		First Name <u>Winston</u>		Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>145 Idas Lane</u>				Mailing Address (If different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number <u>XXX - XX</u>			SSN [REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

7/13/18 X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1982 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name McKay		First Name Ronk McKay		Middle Name Dayman		Suffix	Date of Birth
Home Address (NC Residential Address) 465 Avenue Avenue Rd				Mailing Address (if different than home address)			
City White Oak	State N.C	Zip Code 28399	City White Oak	State N.C	Zip Code 28399		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)		
If "No," indicate the date of your move: 1/1/18							
You must provide at least one identification number below. (for see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. Optional		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1983 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-5951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Robinson</u>	First Name <u>Quentin</u>	Middle Name <u>Branzel</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>2909 West Broad Street #2942</u>		Mailing Address (if different than home address) <u>P.O. Box 2942</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (for see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

8-15-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1984 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Crombie</u>		First Name <u>Nilda</u>		Middle Name <u>FAYE</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>806 Blue Street</u>				Mailing Address (if different than home address.) <u>P.O. Box 2513</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below, (or see instructions). NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the Voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter; <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent, <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8/15/2018 X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1085 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Jessup</u>	First Name <u>Frederic Charles</u>	Middle Name <u>Michael</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>50 Lewis McQuinn dr</u>		Mailing Address (If different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (For see instructions) NC License or ID Number <u>XX-XX-XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKiver</u>		First Name <u>Philip</u>		Middle Name <u>B</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>909 Montfrie Lane</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below, for see instructions. NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337Mailing Address:
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKiver</u>		First Name <u>Jacqueline</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>142 Pearl Lloyd Rd</u>				Mailing Address (If different than home address.) <u>P.O. Box 133</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/11</u>			Previous Name (if applicable)		
You must provide at least one identification number below, for see instructions: NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

8/15/18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 988 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jessup</u>		First Name <u>Jaqueline</u>		Middle Name <u>Rashawn</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>5504 highway 93 W white oak</u>				Mailing Address (if different than home address.) [REDACTED]		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXX-XX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8/15/18 X</u>
Date <u>8/15/18</u>	Date <u>8/15/18</u>



State Absentee Ballot Request Form

North Carolina

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Jessup		First Name Lisa		Middle Name Kay	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) 5564 Hwy 53 West				Mailing Address (If different than home address.) [REDACTED]		
City White Oak	State N.C.	Zip Code 28399	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1			Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below, for see instructions: NC License or ID Number XX XX - XX [REDACTED]			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-15-18
 Date

X
 Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1990 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Melover</u>		First Name <u>Gregory</u>		Middle Name <u>Mark</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>42 Pearl Lloyd Rd</u>				Mailing Address (if different than home address)		
City <u>Wadeville</u>		State <u>NC</u>	Zip Code <u>28394</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
8/15/18 X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1991 of 2469

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name McKiver	First Name Mary	Middle Name Ann	Suffix Ms	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) 658 Ave Rd		Mailing Address (If different than home address.) PO BOX 392			
City White Oak	State NC	Zip Code 28399	City Elizabethtown	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/18					
You must provide at least one identification number below. (For see instructions) NC License or ID Number XXX - XX - [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas:)		Fax Number or Email Address	

S [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) 8/15/18 X
	Date: 8/15/18



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1092 of 2469

Physical Address

301 S. Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name McLaurin		First Name Nketwan		Middle Name C	Suffix	Date of Birth
Home Address (NC Residential Address.) 658 Avenue Ave				Mailing Address (if different than home address.) PO Box 392		
City White Oak	State NC	Zip Code 28399	City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/						
You must provide at least one identification number below. (For see instructions) NC License or ID Number XX XX - XX			Voter Registration No. Optional 803-727 7666		Email (optional) nketwan25@gmail.com	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

8-15-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lesane</u>		First Name <u>TONTGA</u>		Middle Name <u>T</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>310 Bill St</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1-1</u>			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
You must provide at least one identification number below. (for see instructions) NC License or ID Number <u>XX X - XX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8/15/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1994 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Pearson</u>		First Name <u>Nigeria</u>		Middle Name <u>S</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>310 G. Hill St</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>						
You must provide at least one identification number below, for see instructions: NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8/15/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1995 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Murchison		First Name Victoria		Middle Name Ann	Suffix
Home Address (NC Residential Address) 53 Twin Drive				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below, for see instructions: NC License or ID Number X X X - X X			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-14-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MONROE</u>		First Name <u>Michael</u>		Middle Name <u>A.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>65 East Gulf Stream Drive</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>SSN</u> <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1007 of 2469

State Absentee Ballot Request Form

North Carolina

Physical Address

301 S. Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Gore		First Name Valerie		Middle Name Laredia	Suffix [REDACTED]
Home Address (NC Residential Address) 75 Florence Dr				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1-1-			Previous Name (If applicable)		
You must provide at least one identification number below, (for see instructions) NC License or ID Number SSN X X X - X X [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1098 of 2469

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Whitted</u>	First Name <u>Jamari</u>	Middle Name <u>M.</u>	Suffix <u>[REDACTED]</u>		
Home Address (NC Residential Address.) <u>75 Florence Dr</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>[REDACTED]</u> SSN <u>X X X - X [REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u> Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>8/15/18</u>	Date <u>[REDACTED]</u>

PRINT RESULTS LIST

VOTER SCAN ABS INCOMPLETE SEARCH RESULTS

Request ID	Name	Address	Batch	Incomplete Reason	Operator	Document Type	Election Date	Incomplete Dt	Filing Number
9-6313	McMILLIAN, RODDRICK LAMONT	1636 COLEY RD CLARKTON, NC 28433	9536	NO RECORD OF REGISTRATION	guard	SBE_ABS ST DE	11/06/2018	08/28/2018	201808280020010
9-6330	JOHNSON, VERNESA ANN	401 SWANZY RIDGE WAY # 104 ELIZABETHTOWN, NC 28337	9536	ID UPDATE INVALID: SOCIAL SECURITY NOT VALID	guard	SBE_ABS ST DE	11/06/2018	08/29/2018	201808280020027

Total Records in report: 2

included letters on
8/29/18 GPW

mailed letter 8/28/18 BW

PRINT RESULTS LIST

VOTER SCAN ABS INCOMPLETE SEARCH RESULTS

Request ID	Name	Address	Batch	Incomplete Reason	Operator	Document Type	Election Date	Incomplete Dt	Filing Number
9-6159	DENKINS, RAMA MCDUFFIE	309 EMMA ST ELIZABETH TOWN, NC 28337	9524	INVALID/INCOMPLETE REQUEST: MISSING SIGNATURE	gward	SBE_ABS ST DE	11/06/2018	08/27/2018	201808230050012
9-6187	DRAYTON, CRISPINA LOUITA	38 GEORGE W KELLY RD CLARKTON, NC 28433	9524	NOT ELIGIBLE FOR ELECTION: FELONY CONVICTION	gward	SBE_ABS ST DE	11/06/2018	08/27/2018	201808230050040
9-6191	JESSUP, VICKIE WILLIS	50 LEWIS-MCOWEN DR WHITE OAK, NC 28399	9524	NO RECORD OF REGISTRATION	gward	SBE_ABS ST DE	11/06/2018	08/27/2018	201808230050044
9-6164	LEACH, YAKAYLA A <i>already mailed letter</i>	147 IDA'S LN CLARKTON, NC 28433	9524	NO RECORD OF REGISTRATION: UNDERAGE	gward	SBE_ABS ST DE	11/06/2018	08/27/2018	201808230050017
9-6181	LEWIS, MAGGIE	305 EMMA ST ELIZABETH TOWN, NC 28337	9524	UNMATCHED ID: SOCIAL SECURITY # INVALID	gward	SBE_ABS ST DE	11/06/2018	08/28/2018	201808230050034
9-6197	MCKIVER, RONNIE EDWARD	42 PEARL LLOYD RD WHITE OAK, NC 28399	9524	NO RECORD OF REGISTRATION	gward	SBE_ABS ST DE	11/06/2018	08/27/2018	201808230050050
9-6207	MCKOY, WALTER T	238 FLETCHER JOHNSON RD WHITE OAK, NC 28399	9524	NO RECORD OF REGISTRATION	gward	SBE_ABS ST DE	11/06/2018	08/28/2018	201808230050060
9-6152	MONTGOMERY, DEVIN KARIM	53 TWINS DR ELIZABETH TOWN, NC 28337	9524	UNMATCHED ID: SOCIAL SECURITY # NOT MATCH	gward	SBE_ABS ST DE	11/06/2018	08/28/2018	201808230050005

Total Records in report: 8

Exhibit 4.2.3.1.2

2000 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-08-23 1:08PM	4	17	9523

Scan Date/Time: 2018-08-23 1:08PM

Batch Number: 4

Batch Size: 11

Source Code: 17

Batch ID: 9523

Operator: gward

Brought in by individual
voter's - scanned as Res.
Drive - 8/23/18 BPW

done!!



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Storms		First Name Vada		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 2818 GUYTON RD				Mailing Address (If different than home address.)		
City BLADENBORO	State N.C.	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/1						
You must provide at least one identification number below. (or see instructions) NC License or ID Number XX X - XX - [REDACTED]			Voter Registration No. Optional		Phone (optional)	
			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2818 GUYTON RD		City BLADENBORO	State N.C.	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name RELMON STORMS		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 2880 GUYTON RD		Name of Corporation (if appointed legal guardian)		
City BLADENBORO	State N.C.	Zip Code 28320	Requestor's Phone 910-648-2334	Requestor's Email

RECEIVED

AUG 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

RELMON STORMS 8-21-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bell</u>		First Name <u>Hope</u>		Middle Name <u>Williams</u>	Suffix <u>[Redacted]</u>
Home Address (NC Residential Address.) <u>107 N. Marvin St.</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) <small>NC License or ID Number SSN</small> <u>X X X - X X - [Redacted]</u>			Voter Registration No. <small>Optional</small>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>107 N. Marvin St.</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Thomas		First Name JAN		Middle Name Evers	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 699 Happy Valley Road				Mailing Address (if different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/						
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. 001234		Phone (optional)	Email (optional)
SSN X X X - X X [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 699 Happy Valley Road		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

8-11-18

Signature of Near Relative/Legal Guardian (if applicable)

X *[Signature]*

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 06 2018
TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name DAVIS		First Name Jacquelyn		Middle Name Olivia	Suffix Miss	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 1415c Road				Mailing Address (If different than home address.) P.O. Box 261		
City White Oak	State NC	Zip Code 28399	City White Oak	State NC	Zip Code 28399	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable) RECEIVED	
If "No," indicate the date of your move: 1/1/			Voter Registration No. 0000000		Phone (optional) 910-580-3435	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Email (optional) 31510-21		TIME REC'D BY BLADEN CO. BO. OF ELECTIONS	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 261		City White Oak	State NC	Zip Code 28399
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address


Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	<p>NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255</p> <p>PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov</p>
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on Nov 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Villarreal</u>	First Name <u>Barbara</u>	Middle Name <u>Jean</u>	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>204 Byrd Lane</u>			Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) <div style="display: flex; align-items: center;"> <div style="background-color: black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;"> X X X - X X </div> </div>			Voter Registration No.	Phone (optional) <u>(910) 247-6223</u>	Email (optional) <u>barbara.jean.villarreal@gmail.com</u>

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>204 Byrd Lane</u>		City <u>Elizabethtown</u>	State <u>NC</u>
		Zip Code <u>28337</u>	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: _____ <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 02 2018 </div> </div>			
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) <u>[Signature]</u>	Date <u>7/31/2018</u>
---	--------------------------



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Stafford</u>		First Name <u>Robert</u>		Middle Name <u>Thomas</u>		Suffix	Date of Birth
Home Address (NC Residential Address) <u>2582 NC 53 Hwy E</u>				Mailing Address (if different than home address.)			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2582 NC 53 Hwy E</u>		City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email <u>16 2018</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
7-11-18 X
 Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cain</u>	First Name <u>Joseph</u>	Middle Name <u>Benjamin</u>	Suffix <u>III</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>218 Pages Lake Rd</u>		Mailing Address (if different than home address.) <u>same</u>		
City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>9/15/1989</u>		County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX-XX</u> [REDACTED]		Voter Registration No. [REDACTED]		
		Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>218 Pages Lake Rd</u>		City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address:		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email: <u>III 16 2018</u>
TIME REC'D BY: <u>III 16 2018</u> BLADEN CO. BD. OF ELECTIONS				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7-12-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CAIN</u>		First Name <u>LISA</u>		Middle Name <u>MARIE</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>218 Pages Lake Rd.</u>				Mailing Address (if different than home address.)			
City <u>St. Pauls</u>		State <u>NC</u>	Zip Code <u>28384</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)	
NC License or ID Number		SSN		City		Email (optional)	
<u>X X X - X X</u>		<u>[REDACTED]</u>		<u>[REDACTED]</u>		<u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>218 Pages Lake Rd.</u>		City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
				RECEIVED JUL 16 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas,)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter: [REDACTED] Signature of Near Relative/Legal Guardian (if applicable): [REDACTED]
 Date: 7-13-18 X Date: _____



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S. Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name MC GUINNESS	First Name JAMES	Middle Name PATRICK	Suffix MR	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 306 GORDEN STREET		Mailing Address (if different than home address.) SAME		
City ELIZABETHTOWN	State NC	Zip Code 28337	City SAME	State SAME Zip Code SAME
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: 1/1		County of Residence BLADEN	Previous Name (if applicable) N/A	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: [REDACTED] SSN: XXX - XX - [REDACTED]		Voter Registration No. N/A	Phone (optional) 910-874-0260	Email (optional) N/A

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 306 GORDEN STREET	City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: N/A			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: N/A <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law </div> <div> <input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law </div> <div> <input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian </div> <div> <input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law </div> <div> <input type="checkbox"/> stepparent <input type="checkbox"/> father-in-law </div> </div>			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

RECEIVED
JUN 20 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: N/A	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name McGUINNESS II		First Name JAMES		Middle Name PATRICK	Suffix MR
Home Address (NC Residential Address.) 306 GOODEN STREET				Mailing Address (If different than home address.) SAME	
City ELIZABETHTOWN	State NC	Zip Code 28337	City SAME	State SAME	Zip Code SAME
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable) N/A		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number [REDACTED]		SSN X X X - X X - [REDACTED]	Phone (optional) 910-862-0185		Email (optional) N/A

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 306 GOODEN STREET		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: N/A				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name J. M. McGuinness		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 306 GOODEN STREET		Name of Corporation (If appointed legal guardian) N/A		
City ELIZABETHTOWN	State NC	Zip Code 28337	Requestor's Phone 910-274-0160	Requestor's Email N/A

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas):	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter (voter only)

X

N/A

Date:

Signature of Near Relative/Legal Guardian (if applicable)

X

J. M. McGuinness

6/18/18

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McGinness</u>	First Name <u>KELLY</u>	Middle Name <u>MARK</u>	Suffix <u>MS.</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>306 GOODEN STREET</u>		Mailing Address (if different than home address.) <u>same</u>		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>same</u>	State <u>same</u> Zip Code <u>same</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable) <u>N/A</u>		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. <u>N/A</u>	Phone (optional) <u>704-548-4876</u>	Email (optional) <u>N/A</u>
SSN [REDACTED] X X X - X X - [REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>306 GOODEN STREET</u>	City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>J.P. McGinness</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>306 GOODEN STREET</u>	Name of Corporation (if appointed legal guardian) <u>N/A</u>		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>704-548-4876</u>
Requestor's Email <u>N/A</u>			Requestor's Signature <u>[Signature]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <u>N/A</u>	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date:

Date:

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-30 5:56PM 2015 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-30 5:56PM	16	06	9936

Scan Date/Time: 2018-10-30 5:56PM

Batch Number: 16

Batch Size: 5

Source Code: 06

Batch ID: 9936

Operator: gward

Abs. Request by mail
10/30/18 GAW



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Roziar		First Name Luc		Middle Name Bertha	Suffix [REDACTED]
Home Address (NC Residential Address.) 1948 Pages Lake Rd				Mailing Address (if different than home address.) [REDACTED]	
City Saint Pauls	State NC	Zip Code 28384	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Madison		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
SSN [REDACTED] X X X - X X [REDACTED]					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1948 Pages Lake Road		City Saint Pauls	State NC	Zip Code 28384
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (or Requestor) X [REDACTED] 10/24/18 X	Signature of Near Relative/Guardian (if applicable) X [REDACTED]
Date	Date

You can request a new absentee ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Johnson		First Name Myrtle		Middle Name Lee	Suffix	Date of Birth
Home Address (NC Residential Address.) 76 Daffodil Dr				Mailing Address (If different than home address.)		
City Kelly	State NC	Zip Code 28448	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence Bladen	Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [][][]			Voter Registration No.	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X

11-6-2018
Date

X Myrtle Johnson
Date

11/26/18
Date

You can request a new absentee ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL

on

11/6/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Melvin		First Name Alphonso		Middle Name Lammont	Suffix	Date of Birth
Home Address (NC Residential Address) 171 Avenue Ave				Mailing Address (If different than home address.)		
City White Oak	State NC	Zip Code 28399	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No.	Phone (optional)	Email (optional)	
SSN X X X - X X						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 171 Avenue Ave		City White Oak	State NC	Zip Code 28399
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

Signature of Voter [Signature] Date 10-25-18 X	Signature of Near Relative/Guardian [Signature] Date
---	--



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Autry		First Name Regina		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 171 Avenue Ave				Mailing Address (if different than home address.)		
City White Oak	State NC	Zip Code 28399	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)		
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or se NC License or ID Number			Voter Registration No.	Phone (optional)	Email (optional)	
SSN X X X - X X -						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 171 Avenue Ave		City White Oak	State NC	Zip Code 28399
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) X	Date 10.25.18
--	------------------



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address:

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Riggins</u>	First Name <u>Pernell</u>	Middle Name <u>-</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>208 Mercer Mill Road</u>		Mailing Address (If different than home address.) <u>P.O. Box 1449</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u></u>
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>		Voter Registration No. Optional <u></u>	Phone (optional) <u></u>
		Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1449</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>Elizabethtown Long Term Care and Rehabilitation 208 Mercer Mill Road</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian) <u></u>		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

[Signature]

Signature of Near Relative/Legal Guardian (if applicable)

X

10-30-18
Date

Date



State Absentee Ballot Re North Carolina

Exhibit 4.2.3.1.2

2021 of 2469
ELECTIONS

Mailing Address
PO Box 512
Elizabethtown

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FC

I am requesting an absentee ballot for the:

Election

GENERAL STATUTES.

BER 6, 2018

Election Date

Voter Information

Last Name SIMPSON	First Name Greene	Suffix	Date of Birth
Home Address (NC Residential Address.) 28650 NC Hwy 210 East		Mailing Address (if different) PO Box 512 Elizabethtown	
City CURRIE	State NC	Zip Code 28435	City Bladen
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: 1/1		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 30 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address:

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>SIMPSON</u>		First Name <u>Gretta</u>		Middle Name <u>Elise</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>28650 NC Hwy 210 East</u>				Mailing Address (if different than home address.) [REDACTED]	
City <u>CURRIT</u>	State <u>NC</u>	Zip Code <u>28435</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>			You must provide at least one identification number below. (or see instructions)		
NC License or ID Number <u>XXX - XX</u>		SSN [REDACTED]	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 30 2018

TIME REC'D BY: BLADEN CO. BOE OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Harvey</u>		First Name <u>Bernice</u>		Middle Name	Suffix
Home Address (NC Residential Address) <u>96 Lottie Murray</u>				Mailing Address (if different than home address.) <u>PO Box 21</u>	
City <u>Kelly</u>	State <u>NC</u>	Zip Code <u>28448</u>	City <u>Kelly</u>	State <u>NC</u>	Zip Code <u>28448</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		
NC License or ID Number SSN <u>XXX - XX</u>			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

10/27/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Freeman		First Name Marjorie		Middle Name G.	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 45 Locks 1 Rd				Mailing Address (If different than home address.)		
City Riegelwood		State NC	Zip Code 28456	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC license or ID Number				Voter Registration No. Optional	Phone (optional)	Email (optional)
SSN X X X - X X [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone 910.655.3549	Requestor's Email RECEIVED OCT 30 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

10-29-18

Date

Date

2918



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Moore</u>	First Name <u>Hammon</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1544 East Arcadia Rd</u>		Mailing Address (If different than home address.)		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Online	Phone (optional)	Email (optional)
NC License or ID Number	SSN <u>X X X - X X</u>	[REDACTED]	<u>910-398-0440</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone <u>910-398-0440</u>	Requestor's Email <u>10-29-18</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

X

10-29-18

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-30 4:23PM

2027 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-30 4:23PM	15	17	9935

Scan Date/Time: 2018-10-30 4:23PM
Batch Number: 15
Batch Size: 12
Source Code: 17
Batch ID: 9935
Operator: vpmckoy

Prentiss
Benston



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name MURRAY	First Name Eloise	Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 89 Lossie MURRAY Rd		Mailing Address (If different than home address.)		
City Kelly	State NC	Zip Code 28448	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional	Phone (optional)
NC License or ID Number XXX - XX			Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

10-27-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Pritgen</u>	First Name <u>Carl</u>	Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>4506 Moore Swamp Rd</u>		Mailing Address (if different than home address.)		
City <u>Ivanhoe</u>	State <u>NC</u>	Zip Code <u>28447</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number	SSN <u>XXX - XX</u>	<u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

10 24 18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Simpson</u>	First Name <u>JAMES</u>	Middle Name <u>JR</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>2865D NC Hwy 210 East</u>		Mailing Address (If different than home address.)		
City <u>CURRIE</u>	State <u>NC</u>	Zip Code <u>28435</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>		You must provide at least one identification number below. (or see instructions)		
NC License or ID Number	SSN <u>XXX - XX - [REDACTED]</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boc@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bowen</u>		First Name <u>Vereda</u>		Middle Name <u>LYnette</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>462 Troy & Graham Rd.</u>				Mailing Address (if different than home address.) [REDACTED]	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable):		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910.515.5487</u>	Requestor's Email <u>11/30/2018</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (if applicable) [REDACTED] Date 10/25/18

Signature of Near Relative/Legal Guardian (if applicable) X Date _____



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28937

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>	First Name <u>Pearlie</u>	Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>383 Willie Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone <u>910 655. 6064</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED

OCT 30 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only. (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

0-29-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

3015 Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Wassell Jr	Nathaniel			
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)		
1546 East Arcadia Road				
City	State	Zip Code	City	State Zip Code
Riegelwood	NC	28456		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>				
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number		Optical		
SSN				
X X X - X X				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
			910-658-3755	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>High</u>		First Name <u>Aleshia</u>		Middle Name <u>Valerie</u>	Suffix	Date of Birth [REDACTED]
Home Address (Not Residential Address.) <u>1544 East Meadia Rd</u>				Mailing Address (If different than home address.)		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>29456</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>			Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1-1</u>			You must provide at least one identification number below. (or see instructions)			
NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional)	Email (optional)
<u>X X X - X X</u>		<u>[REDACTED]</u>	<u>[REDACTED]</u>		<u>910-659-3</u>	


Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910-659-3048</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>10-29-18</u>	Date <u>[REDACTED]</u>

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Wike</u>	First Name <u>KenShawn</u>	Middle Name <u>Derrell</u>	Suffix	Date of Birth <div style="background-color: black; width: 100px; height: 20px;"></div>	
Home Address (NC Residential Address.) <u>65 King Tates Ct</u>			Mailing Address (If different than home address.) <u>Same</u>		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) <small>NC License or ID Number</small> <small>SSN</small> <u>X X X - X X - [REDACTED]</u>			Voter Registration No. <u>0000</u>		Phone (optional) Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>65 King Tates Ct</u>		City <u>Riegelwood</u>	State <u>NC</u>
		Zip Code <u>28456</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>Demetri Denise Long</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address <u>65 King Tates Ct</u>		Name of Corporation (if appointed legal guardian)	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	Requestor's Phone <u>910-617-9969</u>
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u> <div style="text-align: center; font-size: small;">Date</div>	Signature of Near Relative/Guardian (if applicable) <u>X Demetri Denise Long</u> <div style="text-align: center; font-size: small;">Date</div>
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Scan Date	Batch Number	Source Code	Batch ID
2018-10-30 4:21PM	14	07	9934

Scan Date/Time: 2018-10-30 4:21PM

Batch Number: 14

Batch Size: 1

Source Code: 07

Batch ID: 9934

Operator: vpmckoy



State Absentee Ballot Request Form

North Carolina

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S. Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-662-6951
bladen.bce@ncsbe.gov

FAX: 910-662-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name NORRIS	First Name STEWART	Middle Name GLENN	Suffix [REDACTED]
Home Address (If Residential Address) 2486 NC 242 HWY 5		Mailing Address (If different than home address) PO Box 91	
City ELIZABETHTOWN	State NC	Zip Code 28337	City ELIZABETHTOWN
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (If applicable)
If "No," indicate the date of your move: 1-1-1			
NC License [REDACTED]	SSN [REDACTED]	Voter Registration No. Optional	Phone (optional)
[REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 91		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name GAIL N NORRIS		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address PO Box 91		Name of Corporation (If appointed legal guardian)		
City ELIZABETHTOWN	State NC	Zip Code 28337	Requestor's Phone 910-876-1174	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		RECEIVED OCT 30 2018 Transmit my ballot by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email RECD BY BLADEN CO. BD. OF ELECTIONS	
Current Address (Address where you are currently stationed or living overseas):			
Fax Number or Email Address:			

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-30 4:13PM
2040 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-30 4:13PM	13	07	9933

Scan Date/Time: 2018-10-30 4:13PM

Batch Number: 13

Batch Size: 1

Source Code: 07

Batch ID: 9933

Operator: gward

*Abs. Request - in person
10/30/18*



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name POPE	First Name MICHELLIE	Middle Name ANN	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 7027 US 701 HWY N		Mailing Address (If different than home address.) PO BOX 192		
City ELIZABETHTOWN	State NC	Zip Code 28337	City ELIZABETHTOWN	State NC
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence BLADEN	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X [REDACTED]		Voter Registration No. 000000024289	Phone (optional) 910-874-5411	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>*141 Valley View St</u>		City <u>Lynchburg</u>	State <u>Tenn</u>	Zip Code <u>37752</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Jimmy Ray Pope</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>3133 Cromartie Rd</u>	Name of Corporation (if appointed legal guardian)			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-872-3469</u>	Requestor's Email <u>TIME REC'D BY</u> BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X	X
Date	Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-30 3:01PM	12	07	9932

Scan Date/Time: 2018-10-30 3:01PM
 Batch Number: 12
 Batch Size: 1
 Source Code: 07
 Batch ID: 9932
 Operator: gward

*Abos. Request - 10/30/18
 GPW*



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name WATKINS	First Name DOROTHY	Middle Name SMITH	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) 3211 NC 53 HWY E			Mailing Address (if different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>			County of Residence BLADEN		
You must provide at least one identification number below. (or see instructions) NC License and ID Number [REDACTED] SSN <u>XXX - XX - [REDACTED]</u>			Voter Registration No. 000000015940		
			Phone (optional) [REDACTED] Email (optional) [REDACTED]		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
			Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>Patricia Watkins</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input checked="" type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>2746 NC Hwy 53 East</u>	Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>Patricia Watkins</u>
Date [REDACTED]	Date <u>11-30-18</u>

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-30 2:18PM 2046 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-30 2:18PM	11	17	9931

Scan Date/Time: 2018-10-30 2:18PM

Batch Number: 11

Batch Size: 1

Source Code: 17

Batch ID: 9931

Operator: gward

Abs. Request 10/30/18
GW



State Absentee Ballot Request Form

North Carolina

Exhibit 4-2-3-1-2

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

2047 of 2469

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>LESSANE</u>	First Name <u>ROSALIND</u>	Middle Name <u>J</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2217 MURRAY STREET</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX-XX-XXXX</u>		Voter Registration No. Optional	Phone Optional
		Email Optional	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2217 MURRAY STREET</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>Sharon Lessane</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>2217 Murray St</u>		Name of Corporation (If appointed legal guardian) <u>RECEIVED OCT 30 2018</u>		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-862-7639</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature <u>[REDACTED]</u>	OR Signature of Near Relative/Legal Guardian (if applicable) <u>X Sharon Lessane</u>
Date <u>[REDACTED]</u>	Date <u>10/30/18</u>

Scan Date	Batch Number	Source Code	Batch ID
2018-10-30 2:02PM	10	07	9930

Scan Date/Time: 2018-10-30 2:02PM

Batch Number: 10


Batch Size: 2

Source Code: 07

Batch ID: 9930

Operator: gward

Abs. Request- 10/30/18
GPW

	State Absentee Ballot Request Form North Carolina	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-06-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Andrews</u>		First Name <u>Lee</u>		Middle Name <u>Gretta</u>	Suffix
Home Address (NC Residential Address.) <u>161 Baltimore Rd.</u>		Mailing Address (if different than home address.) 			
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City 	State 	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) 		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>			Voter Registration No. 	Phone (optional) <u>(910) 918-5493</u>	Email (optional)

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) <u>161 Baltimore Rd.</u>			City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>Liberty Commons 1403 Pinckney St. Whiteville, NC 28472</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Franklin D. Andrews</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>161 Baltimore Rd.</u>		Name of Corporation (if appointed legal guardian) 			
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	Requestor's Phone <u>(910) 918-5528</u>	Requestor's Email 	RECEIVED OCT 30 2018 TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) 	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Guardian (if applicable) <u>X Franklin D. Andrews</u>
Date <u>10/30/2018</u>	Date <u>10/30/2018</u>



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name COX		First Name VIDA		Middle Name AMMONS		Suffix [REDACTED]	
Home Address (NC Residential Address.) 1112 S PAGE RD				Mailing Address (If different than home address.)			
City CLARKTON		State NC	Zip Code 28433	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> / / </u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X [REDACTED]				Voter Registration No. 00000006164		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City OCT 30 2018		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> BLADEN BOARD OF ELECTIONS <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name Allen W. Cox Jr.		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address 1112 S. Page Rd		Name of Corporation (If appointed legal guardian)			
City Clarkton	State NC	Zip Code 28433	Requestor's Phone 910 641 1302	Requestor's Email a/cox@intvstar.net	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X	X	Date	Date
	Allen W. Cox Jr.		10/30/18

Scan Date	Batch Number	Source Code	Batch ID
2018-10-30 12:07PM	9	07	9929

Scan Date/Time: 2018-10-30 12:07PM
 Batch Number: 9
 Batch Size: 1
 Source Code: 07
 Batch ID: 9929
 Operator: gward



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladencounty.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HEUSTESS	First Name ASHLI	Middle Name MILLER	Suffix	Date of Birth
Home Address (NC Residential Address): 3355 BURNLEY FORD RD		Mailing Address (If different than home address):		
City CLARKTON	State NC	Zip Code 28433	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)	
If "No," indicate the date of your move: / /		<div style="text-align: center;"> RECEIVED OCT 21 2018 BLADEN CO. BD. OF ELECTIONS </div>		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. 000000058237	Phone (optional) Email (optional)	
NC License or ID Number	SSN X X X - X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 3355 Burnley Ford Road		City Clarkton	State NC	Zip Code 28433
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name John Heustess	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address 3355 Burnley Ford Rd	Name of Corporation (if appointed legal guardian)			
City Clarkton	State NC	Zip Code 28433	Requestor's Phone 910-876-4459	Requestor's Email edc@bladencounty.org

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

X

Date

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2


2018-10-30 8:56AM

2056 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-30 8:56AM	4	06	9924

Scan Date/Time: 2018-10-30 8:56AM
 Batch Number: 4
 Batch Size: 7
 Source Code: 06
 Batch ID: 9924
 Operator: gward

Abs. Request - mailed +
 Paved
 10/30/18 GPW

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Mid Term on 16 Nov 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Walton	First Name Shannon	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 186 winery way			Mailing Address (if different than home address.) 701 Jefferson Ave APT 117	
City Saint Pauls	State NC	Zip Code 28384	City South Boston	State VA Zip Code 24592
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: / /			County of Residence Bladen Coup Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC license or ID Number SSN X X X - X X - [REDACTED]			Voter Registration No.	Phone (optional) Email (optional) ncnurse0500@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 701 Jefferson Ave APT 117		City South Boston	State VA	Zip Code 24592
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian) TIME RECD BY		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig [REDACTED]	Signature of Near Relative/Guardian (if applicable) <u>23 Oct 2018</u> X Date
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RECEIVED

OCT 29 2010

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONSSTATE OF NORTH CAROLINA 
Governor of North CarolinaDRIVER LICENSE SHANNON ANNE MARIE WALTON
188 WINERY WAY
SAINT PAULS NC 28384class: C endors: None restr: 1
issued: 12-09-2010 expires: 12-07-2018
sex: F ht: 5-04 eyes: HAZ hair: BRD race: Wbirthdate:  



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name WHITE	First Name BILLY	Middle Name FAYE	Suffix
Home Address (NC Residential Address.) 11849 NC 211 HWY W		Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (If applicable)
If "No," indicate the date of your move: ____ / ____ / ____			
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]		Voter Registration No. 00000009291	Phone (optional) 910-863-2015
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 11849 NC Hwy. W.		City Bladenboro	State N.C.	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign X	Signature of Near Relative/Legal Guardian (if applicable) X
Date 10/25/2018	Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Pres on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name SURLES		First Name LARRY		Middle Name MARTIN	Suffix [REDACTED]
Home Address (NC Residential Address.) 605 GLENWOOD DR.				Mailing Address (If different than home address.) [REDACTED]	
City ELIZABETHTOWN	State NC	Zip Code 28337	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence [REDACTED]		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) RECEIVED		
You must provide at least one identification number below. (or see instructions) [REDACTED] XXX - XX - [REDACTED]			Voter Registration No. [REDACTED]		
			Phone (optional) [REDACTED] Email (optional) [REDACTED]		

TIME 11:00 REC'D BY:
BLADEN CO. BO. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 605 Glenwood Drive		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name [REDACTED] <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Signature [REDACTED]	Signature of Near Relative/Guardian (if applicable) [REDACTED]
Date [REDACTED]	Date 10-26-18

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lucas</u>		First Name <u>Jeanette</u>		Middle Name <u>Cromantip</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>17948 Hwy 87 West</u>				Mailing Address (if different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>[REDACTED]</u>			Voter Registration No.	Phone (optional)	Email (optional)
SSN <u>X X X - X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>17948 Hwy 87 W</u>		City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian) <u>Bladen County, NC</u>		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (if applicable)	Signature of Near Relative/Guardian (if applicable)
<u>[REDACTED]</u>	<u>X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information			
Last Name <u>Young</u>	First Name <u>Elvie</u>	Middle Name <u>Patrick</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>799 Boggy Branch Rd.</u>		Mailing Address (if different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City [Redacted]
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. [Redacted]	Phone (optional) RECEIVED OCT 29 2018

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City <u>Bladen Co. Bd</u>	State <u>NC</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>Ida Young Castro</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address <u>898 Livingston Chapel Rd.</u>	Name of Corporation (if appointed legal guardian)		
City <u>Delco</u>	State <u>NC</u>	Zip Code <u>28436</u>	Requestor's Phone <u>9107723560</u>
		Requestor's Email <u>reginalyoung50@yahoo.com</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) [Redacted]	Signature of Near Relative/Legal Guardian (if applicable) <u>Ida Y Castro</u>
Date <u>10/29/18</u>	Date <u>10/29/18</u>



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address:

301 S Cypress Street
Elizabethtown NC
28937

Mailing Address:

PO Box 512
Elizabethtown NC 28937

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information			
Last Name <u>Young</u>	First Name <u>Franklin</u>	Middle Name <u>Tunior</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>799 Boggy Branch Rd.</u>		Mailing Address (If different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28534</u>	City [Redacted]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (If applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX [Redacted]</u>		Voter Registration No.	Phone (optional) RECEIVED OCT 29 2018

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City <u>Bladen Co</u>	State <u>NC</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>Ida Young Castro</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>898 Livingston Chapel Rd</u>	Name of Corporation (If appointed legal guardian)		
City <u>Delco</u>	State <u>NC</u>	Zip Code <u>28436</u>	Requestor's Phone <u>910 770 3560</u>
		Requestor's Email <u>regina.young50@yahoo.com</u>	

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter [Redacted]	Signature of Near Relative/Legal Guardian (if applicable) <u>Ida Y. Castro</u>
Date <u>10/29/18</u>	Date <u>10/29/18</u>



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name Council		First Name Demetrius		Middle Name Vida	Suffix [REDACTED]
Home Address (NC Residential Address.) 804 S Poplar St			Mailing Address (if different than home address.) PO Box 2493		
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions). NC License or ID Number SSN X X X - X X [REDACTED]			Voter Registration No. Phone (optional) Email (optional)		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) PO Box 2493		City Elizabethtown	State NC
		Zip Code 28337	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name Teresa Council		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address PO Box 2493		Name of Corporation (if appointed legal guardian)	
City Elizabethtown	State NC	Zip Code 28337	Requestor's Phone 910-862-8969
		Requestor's Email tereracouncil36@yahoo.com	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) X	Signature of Near Relative/Guardian (if applicable) Teresa Council
Date	Date 10-29-18

You can request a new absentee ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
Visit www.NCSBE.gov to check your voter registration or absentee voting status.

Scan Date	Batch Number	Source Code	Batch ID
2018-10-29 2:02PM	9	07	9920

Scan Date/Time: 2018-10-29 2:02PM
 Batch Number: 9
 Batch Size: 2
 Source Code: 07
 Batch ID: 9920
 Operator: gward

*Abs. Request in person
 10/29/18 BPW*



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HUDSON		First Name JIMMY		Middle Name CLAYTON	Suffix SR	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 95 W HESTER ST				Mailing Address (If different than home address.)		
City CLARKTON		State NC	Zip Code 28433	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence: BLADEN		
If "No," indicate the date of your move: ____/____/____				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]				Voter Registration No. 000000006890		
SSN X X X - X X - [REDACTED]				Phone (optional) 910-640-7722		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

NOV 29 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

10/29/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name RYCKELEY		First Name CHRISTIAN		Middle Name BUTLER	Suffix	Date of Birth
Home Address (NC Residential Address.) 357 OLD HWY 41				Mailing Address (if different than home address.)		
City TARHEEL	State NC	Zip Code 28392	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN	Previous Name (if applicable)		
If "No," indicate the date of your move: ____/____/____			<div style="text-align: center;"> </div>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. 000052750	Phone (optional)	Email (optional)	
SSN X X X - X X - [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2701 Homestead Road #916</u>		City <u>Chapel Hill</u>	State <u>NC</u>	Zip Code <u>27516</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Tamie Butler Ryckley</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>357 Old NC Hwy 41</u>	Name of Corporation (if appointed legal guardian)			
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	Requestor's Phone <u>910 862 2476</u>	Requestor's Email <u>ryckley6embargo@mail.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Tamie Butler Ryckley

29 Oct 18

Date

Scanner Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-29 1:20PM 2070 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-29 1:20PM	6	17	9917

Scan Date/Time: 2018-10-29 1:20PM
 Batch Number: 6
 Batch Size: 10
 Source Code: 17
 Batch ID: 9917
 Operator: gward

Abs. Request - per
 Wanda Munroe - 10/29/18
 GPW



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301.5 Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsb.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

ON: NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Wright</u>		First Name <u>Richard</u>		Middle Name <u> Jr</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>1247 Overton Rd</u>				Mailing Address (If different than home address.) [REDACTED]		
City <u>Kelly</u>	State <u>nc</u>	Zip Code <u>28445</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional) Email (optional)	
NC License or ID Number	SSN					
	<u>X X X - X X</u>	[REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. RECEIVED <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian OCT 29 2018 Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my Ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

10 24 18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

ON

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Frazier		First Name Angelina		Middle Name Denise	Suffix F
Home Address (NC Residential Address.) 125 Big Willie Rd				Mailing Address (If different than home address.) 395 Cuthbert Rd	
City Kelly	State NC	Zip Code 28448	City Kelly	State NC	Zip Code 28448
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX-XX			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
RECEIVED				
OCT 29 2018				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: BLADEN CO. BD. OF ELECTIONS				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

10-23-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7320

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Corbett</u>		First Name <u>Walter</u>		Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>124 Corbett Drive</u>				Mailing Address (if different than home address.) [REDACTED]		
City <u>Perry</u>	State <u>NC</u>	Zip Code <u>28468</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>						
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional		Phone (optional)		Email (optional)
NC License or ID Number	SSN <u>XXX - XX</u>	[REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian		<div style="text-align: right;"> RECEIVED OCT 29 2018 BLADEN CO. BD. OF ELECTIONS </div>		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in filling your ballot. Yes <input type="checkbox"/> No <input type="checkbox"/>				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

10/24/18
Date

X

10/25/18
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Peterson</u>		First Name <u>Rose</u>		Middle Name <u>A</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>827 Lightwood Kl Rd</u>				Mailing Address (if different than home address.)		
City <u>Kelly</u>	State <u>NC</u>	Zip Code <u>28448</u>	City <u>Bladen</u>	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. Optional		Phone (optional) Email (optional)	
SSN <u>X X X - X X</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 29 2018 <small>TIME REC'D BY: BLADEN CO. BD. OF ELECTIONS</small> </div>				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter (voter only)

X
[Redacted Signature]

10/24/18
Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen:boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Corbett		First Name Willie		Middle Name J	Suffix III	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 70 Corbett Drive				Mailing Address (if different than home address.)		
City Kelly	State NC	Zip Code 28445	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1-1						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional			
NC License or ID Number	SSN	Phone (optional)				
XXX - XX	XXXXXX	Email (optional)				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 29 2018 BLADEN CO. BD. OF ELECTIONS </div>				
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X 10/30

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Corbett</u>		First Name <u>Kate</u>		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>70 McCorbett Drive</u>				Mailing Address (If different than home address.)		
City <u>Kelly</u>	State <u>NC</u>	Zip Code <u>28445</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. (Optional)		Phone (optional)	
NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address:

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

10/24/18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <i>Peterson</i>		First Name <i>Reginald</i>		Middle Name <i>D</i>	Suffix <i>M</i>
Home Address (NC Residential Address.) <i>673 Highland St Rd</i>				Mailing Address (if different than home address.) [REDACTED]	
City	State	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <i>Bladen</i>		
If "No," indicate the date of your move: <i>1-1</i>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		
NC License or ID Number		SSN	Phone (optional)		
[REDACTED]		<i>X X X - X X</i>	Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian		<div style="text-align: right;"> RECEIVED OCT 29 2018 TIME 10:00 AM BLADEN CO. BD. OF ELECTIONS </div>		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

<i>X</i> [REDACTED]	<i>10/24/18</i>	<i>X</i> <i>Angela Thompson</i>	<i>10-23-18</i>
	Date		Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Brown</u>		First Name <u>Charles</u>		Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>196 Big Oak Drive</u>				Mailing Address (If different than home address.) [REDACTED]		
City	State	Zip Code	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional			
NC License or ID Number	SSN	Phone (optional)				
	<u>X X X - X X</u>	Email (optional)				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.		<div style="text-align: right;"> RECEIVED OCT 29 2018 TIME 5:00 PM BLADEN CO. BD. OF ELECTIONS </div>		
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian		<input type="checkbox"/> Non-partisan		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. Yes <input type="checkbox"/> No <input type="checkbox"/>				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only. (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

10/24/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name TERRISON		First Name Francis		Middle Name Angela	Suffix Terrison	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 311 Corbett Drive				Mailing Address (if different than home address.) [REDACTED]		
City Kelly	State NC	Zip Code 28448	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional) Email (optional)	
NC License or ID Number SSN XXX - XX - [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 29 2018 TIME [REDACTED] REC'D BY [REDACTED] BLADEN CO. BOARD OF ELECTIONS </div>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot.				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

10-23-2018

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St.
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Harrell</u>		First Name <u>Mary</u>		Middle Name <u>A</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1604 Lightwood Kt Rd</u>				Mailing Address (If different than home address.)		
City <u>Kelly</u>	State <u>NC</u>	Zip Code <u>28448</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>			Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional			
NC License or ID Number	SSN	Phone (optional) Email (optional)				
	<u>XXX - XX</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian		REC'D BY: <u>BLADEN CO. BO. OF ELECTIONS</u> Non-partisan		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

<u>X</u>	<u>10/24/20/18</u>	<u>X</u>
Date	Date	Date



State Absentee Ballot Request Form

North Carolina Exhibit 4-2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 2081 of 2469
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Beatty</u>		First Name <u>Lillie</u>		Middle Name <u>B.</u>	Suffix <u>MRS.</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>2439 Firgus Rd</u>				Mailing Address (if different than home address.)		
City <u>Council</u>		State <u>N.C.</u>	Zip Code <u>28434</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: [REDACTED] <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 29 2018

TIME: _____ REC'D BY: _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

<u>[REDACTED]</u>	<u>X</u>
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 2082 of 2469
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>Young</u>		First Name <u>Alphonzo</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address) <u>5596 Lisbon Rd</u>				Mailing Address (if different than home address.)		
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number				Voter Registration No.	Phone (optional)	Email (optional)
SSN <u>XXX - XX -</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican		ballot preference. <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		
If voter is a patient in a hospital, clinic, nursing home or rest home If "Yes," what is the name and address of the hospital?		I assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If requesting an absentee ballot: Requestor's Name		Information and relationship to the voter: <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> legal guardian <input type="checkbox"/> extended legal guardian		
Requestor's Address		RECEIVED Oct 27 2018		
City		REC'D BY: CLARENCE CO. RD. OF ELECTIONS		

For Military/Overseas Citizens Only

Select one of the options below to qualify as a mili.
☐ Member of the Uniformed Services or Merchant Marine
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely
Current Address (Address where you are currently stationed or

Submit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter

Signature of Relative/Near Guardian (if applicable)

Date

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-27 10:51AM	7	17	9910

Scan Date/Time: 2018-10-27 10:51AM

Batch Number: 7

Batch Size: 9

Source Code: 17

Batch ID: 9910

Operator: vpmckoy

Lola
Wooten



North Carolina

Absentee Ballot Request Form
Exhibit 4.2.3.1.2Bladen County Board of Elections
P. O. BOX 512 2085 of 2469
Elizabethtown, NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name Young		First Name Fletcher		Middle Name	Suffix
Home Address (NC Residential Address) 5542 Lisbon Rd				Mailing Address (If different than home address.)	
City Clarkton	State NC	Zip Code 28433		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No.	
NC License or ID Number XXX - X		SSN [REDACTED]		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (If appointed legal guardian)
Requestor's Phone		Requestor's Email		

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TIME 27 2018
REC'D BY:
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas:)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sig

Signature of Relative/Near Guardian (if applicable)

10/27/18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Durham		First Name Barbare		Middle Name B	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 2148 Mercey Mill Rd				Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1			Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX - [REDACTED]			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 27 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature X	Signature of Near Relative/Legal Guardian (if applicable) X
Date 10/27/18	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

2087 of 2469

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

ON NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Gillespie		First Name Beverly		Middle Name A	Suffix [REDACTED]
Home Address (NC Residential Address.) 2148 Mercer Mill Rd				Mailing Address (if different than home address.)	
City Elizabethtown		State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional		Phone (optional)	Email (optional)
NC License or ID Number XX XX - XX		SSN [REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 27 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X	Signature of Near Relative/Legal Guardian (if applicable) X
Date 10/27/18	Date



State Absentee Ballot Request Form
North Carolina
Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 2088 of 2469
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>Cole</u>		First Name <u>Audra</u>		Middle Name <u>M</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>361 Lewis DR</u>				Mailing Address (If different than home address.) <u>P.O. Box 1811</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
[REDACTED] SSN <u>X X X - X X - [REDACTED]</u>			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship		
[REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
[REDACTED]		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
[REDACTED]		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
[REDACTED]		[REDACTED]		
City	State	Zip Code	Requestor's Phone	Requestor's Email
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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NOV 27 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

10/27/18 X

Date

Date



North Carolina

Absentee Ballot Request Form
Exhibit 4.2.3.1.2Bladen County Board of Elections
P. O. BOX 512 2089 of 2469
Elizabethtown, NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>Rogers</u>		First Name <u>Doris</u>		Middle Name <u>L</u>	Suffix <u></u>
Home Address (NC Residential Address) <u>5525 Mince Mill Rd</u>				Mailing Address (If different than home address.) <u></u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u></u>		State <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or s NC License or ID Number <u>XXX - XX</u>			Voter Registration No. <u></u>		
			Phone (optional) <u></u>		Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>				City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility: <u></u>						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Address <u></u>				Name of Corporation (If appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>		Requestor's Email <u></u>	

RECEIVED
OCT 27 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

10/27/18
Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form
North Carolina
Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 2090 of 2469
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenc.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>Young</u>		First Name <u>Isabella</u>		Middle Name <u>S</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>5596 Lisbon Rd</u>				Mailing Address (if different than home address.)		
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		
NC License or ID Number		SSN <u>X X X - X X</u>		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
RECEIVED BY BLADEN CO. BD. OF ELECTIONS OCT 27 2018				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Relative/Near Guardian (if applicable) <u>X</u>
Date <u>10/21/18</u>	Date



North Carolina

Absentee Ballot Request Form
Exhibit 4.2.3.1.2Bladen County Board of Elections
P. O. BOX 512 2091 of 2469
Elizabethtown, NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>Young</u>		First Name <u>Loistin</u>		Middle Name	SSN
Home Address (NC Residential Address.) <u>5542 Lisbon Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number SSN <u>X X X - X X</u>			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
				Requestor's Phone
				Requestor's Email

OCT 27 2018
REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sig

Signature of Relative/Near Guardian (if applicable)

10/24/18 X

Date

Date



North Carolina

Absentee Ballot Request Form
Exhibit 4.2.3.1.2Bladen County Board of Elections
P. O. BOX 512 2092 of 2469
Elizabethtown, NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on 11-6-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McCelland</u>		First Name <u>Annie</u>		Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>5609 Mercermill Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28453</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number SSN <u>XXX - XX - XXXX</u>			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
(first) (last) (suffix)		(city) (state) (zip)		
		Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	Requestor's Phone
				Requestor's Email
		TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

[REDACTED]10/29/18
DateX

Date

Scanned Batch Cover Sheet

2018-10-26 4:20PM

Exhibit 4.2.3.1.2

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Scan Date	Batch Number	Source Code	Batch ID
2018-10-26 4:20PM	11	06	9901

Scan Date/Time: 2018-10-26 4:20PM

Batch Number: 11

Batch Size: 6

Source Code: 06

Batch ID: 9901

Operator: gward

Abs. Request - by mail &
in person
10/26/18 GLW



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MELVIN</u>		First Name <u>Minnie</u>		Middle Name <u>Lee</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>2141 Johnsonstown Rd</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable) RECEIVED		
If "No," indicate the date of your move: <u>1/1</u>			Voter Registration No.	Phone (optional)	Email (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>						

TIME RECD BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2141 Johnsonstown Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>(first) Alice (middle) Jane (last) Aubry</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>1421 Johnsonstown Rd</u>		Name of Corporation (If appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910 872-1568</u>	Requestor's Email <u>janeaubry12@gmail.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Relative/Near Guardian (if applicable)

X Jane Aubry / daughter

10-24-18

Date



Exhibit 4-2.3.1.2

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State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Meivin</u>	First Name <u>Joseph</u>	Middle Name <u>David</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2141 Johnsonstown Rd</u>		Mailing Address (if different than home address.) [REDACTED]		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable) <u>J. D. Meivin</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. <u>117 28 200</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2141 Johnsonstown Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>Alice Jane Aubry</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian
Requestor's Address <u>2141 Johnsonstown Rd</u>	Name of Corporation (if appointed legal guardian)
City <u>Elizabethtown</u>	State <u>NC</u>
Zip Code <u>28337</u>	Requestor's Phone <u>910 872-1568</u>
	Requestor's Email <u>janeaubry12@gmail.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Relative/Near Guardian (if applicable)

X Jane Aubry / daughter 10/26/18
Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name SMITH		First Name BILLY		Middle Name CURTIS	Suffix [REDACTED]
Home Address (NC Residential Address.) PO BOX 191			Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name	
If "No," indicate the date of your move: ____/____/____			RECEIVED OCT 26 2018 TIME ____ REC'D BY ____ BLADEN CO. BD. OF ELECTIONS		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number	SSN X X X - X X - [REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO BOX 191		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10-22-2018

X

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 16, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Wright		First Name Michelle		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 1530 N Mitchell Ford Rd				Mailing Address (If different than home address.)		
City Clarkton	State NC	Zip Code 28433	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence Bladen	Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]			SSN X X X - X X - [REDACTED]	Voter Registration No.	Phone (optional) 9109915386	Email (optional) chellebonet@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2306 Beville Place		City Greensboro	State NC	Zip Code 27406
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (If appointed legal guardian)		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature of Voter (voter only) X [REDACTED]	Signature of Near Relative/Guardian (if applicable) X [REDACTED]
Date 10/16/18	Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HESTER		First Name JULIA		Middle Name FAVE	Suffix	Date of Birth
Home Address (NC Residential Address.) 513 ANNE ST				Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN	Previous Name (if applicable)		
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X			Voter Registration No. 000000058272	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 513 ANNE ST		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 26 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-23-18 X Angela Faye Wells 10-23-2018
Date Date

State Absentee Ballot Request Form
North CarolinaBladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Williams</u>	First Name <u>Melvin</u>	Middle Name	Suffix [REDACTED]		
Home Address (NC Residential Address.) <u>704 Fox St.</u>		Mailing Address (If different than home address.) <u>P.O. Box 1449</u>			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (If applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1449</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
Voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>Elizabethtown Nursing</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Jewell L. Smith</u>		Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input checked="" type="checkbox"/> legal guardian		
Requestor's Address <u>701 Fox St</u>		Name of Corporation (If appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-862-2989</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED

OCT 26 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)
Select one of the options below to qualify as a military or overseas voter:☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/23/18
DateJewell L. Smith
Signature10/23/18
Date

Check your voter registration or absentee voting status.

Scan Date	Batch Number	Source Code	Batch ID
2018-10-26 1:07PM	10	17	9900

Scan Date/Time: 2018-10-26 1:07PM
 Batch Number: 10
 Batch Size: 7
 Source Code: 17
 Batch ID: 9900
 Operator: gward

Abs. Request - brought
 in by Wanda Monroe
 10/26/18 GOW



North Carolina

Exhibit 4.2.3.1.2

2103 of 2469

Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

ON

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Bowen		First Name Harvard		Middle Name Lee		Suffix [REDACTED]	
Home Address (NC Residential Address) 1017 East Arcadia Rd.				Mailing Address (if different than home address.) [REDACTED]			
City Riegelwood NC		State NC	Zip Code 28456	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____							
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: [REDACTED] <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	
			910.540.9243		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X	10-18-18	X
Date	Date	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Blanks		First Name Clifford		Middle Name B	Suffix [REDACTED]
Home Address (NC Residential Address.) 132 Motown Rd.				Mailing Address (If different than home address.) [REDACTED]	
City Riegelwood	State NC	Zip Code 28456	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: / /			County of Residence		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X [REDACTED]			Voter Registration No. (optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone ?	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

10-20-18
Date

X
Date



North Carolina

Exhibit 4.2.3.1.2

Jocelyn Press
Elizabethtown NC
28337PHONE: 910-862-6951
bladen.boe@ncsbe.gov2105 of 2469
Home Address
PO Box 512
Elizabethtown

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Bryant		First Name Shirley		Middle Name E	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 902 Bowen Blanks Rd				Mailing Address (If different than home address.) [REDACTED]		
City Regelwood	State NC	Zip Code 28456	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1-1-						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional)	
NC License or ID Number XXX - XX - [REDACTED]			SSN XXX - XX - [REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone 910.655.4519	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sig

Signature of Near Relative/Legal Guardian (if applicable)

10-9-18 X

Date



North Carolina

Exhibit 4.2.3.1.2

JUL 2 2018 10:30 AM
Elizabethtown NC
283372106 of 2469
Voting Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Bryant	First Name George	Middle Name W	Suffix [REDACTED]
Home Address (NC Residential Address.) 902 Bowen Blanks Rd.		Mailing Address (if different than home address.) [REDACTED]	
City Regelwood	State NC	Zip Code 28456	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: 1/1/		County of Residence Bladen	Previous Name (if applicable) [REDACTED]
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X [REDACTED]		Voter Registration No. Optional [REDACTED]	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address [REDACTED]		Name of Corporation (If appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone 910.655.4519	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Sig

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Graham		First Name Reather		Middle Name A	Suffix [REDACTED]
Home Address (NC Residential Address.) 1052 Kennystore Rd				Mailing Address (if different than home address.) [REDACTED]	
City Riegelwood	State NC	Zip Code 28456	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone 910.655.3432	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S. Cypress St.
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Williams		First Name Ethell		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 1251 Kenny Stare Rd.				Mailing Address (If different than home address.)		
City Riegelwood	State NC	Zip Code 28456	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1			Voter Registration No. Optional		Phone (optional) Email (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			SSN X X X - X X - [REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone 910-655-4289	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

10/21/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

ON

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Graham		First Name Estelle		Middle Name E	Suffix [REDACTED]
Home Address (NC Residential Address.) 523 Dickson				Mailing Address (If different than home address.) [REDACTED]	
City Reelwood	State NC	Zip Code 28456	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		
NC License or ID Number X X X - X X - [REDACTED]		SSN X X X - X X - [REDACTED]	Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address:		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone 910.655.8724	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-26 12:30PM

2111 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-26 12:30PM	8	06	9898

Scan Date/Time: 2018-10-26 12:30PM

Batch Number: 8

Batch Size: 6

Source Code: 06

Batch ID: 9898

Operator: gward

Nbs. Request - in person

10/26/18 GAW



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL

on

11/6/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name McKoy	First Name Cetruss	Middle Name Dej Cetruss	Suffix	Date of Birth
Home Address (NC Residential Address.) 1796 Baldwin Branch Church Rd		Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____		Previous Name (If applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]		Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last)	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address OCT 25 2018	Name of Corporation (if appointed legal guardian)			
City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code	Requestor's Phone
		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (Voter only)

Signature of Near Relative/Guardian (if applicable)

X


10/24/18

X

Date

Date

You can request a new absentee ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
Visit www.NCSBE.gov to check your voter registration or absentee voting status.

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	<p>NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255</p> <p>PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov</p>
---	---	--

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information					
Last Name Milczakowski		First Name Hayley		Middle Name Christine	Suffix [REDACTED]
Home Address (NC Residential Address.) 3697 Owen Hill Road			Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: / /			County of Residence Bladen		
You must provide one identification number below. (or see instructions) [REDACTED] X X X - X X - [REDACTED]			Voter Registration No.	Phone (optional) (910) 876-4943	Email (optional) hmilczak@eagles.nccu.edu

Absentee Voting Information				
Absentee Mailing Address (Where should the ballot be mailed?) 922 Dacian Ave, Apt. 315		City Durham	State NC	Zip Code 27701
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (Print) (Initials)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (If appointed legal guardian)		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) [REDACTED]	Date 10/16/18 X
---	--------------------

FAX TO 910-862-7820 FROM RONALD E. JAVIS 710-200-4007
337-6182

Exhibit 4.2.3.1.2

Page 1 of 2469



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS		First Name RONALD		Middle Name EARL	Suffix SR
Home Address (NC Residential Address.) 6476 NC 210 HWY W				Mailing Address (if different than home address.)	
City GARLAND	State NC	Zip Code 28441	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence BLADEN	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X			Voter Registration No. 000055119	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name Requestor's Address City State Zip Code Requestor's Phone Requestor's Email				
Name of Corporation (if appointed legal guardian)				

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) X	Signature of Near Relative/Legal Guardian (if applicable) X
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenc.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS		First Name PEGGY		Middle Name TONEY	Suffix [REDACTED]
Home Address (NC Residential Address) 5476 NC 210 HWY W				Mailing Address (if different than home address.)	
City GARLAND	State NC	Zip Code 28441	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence BLADEN	Previous Name (if applicable)	
You must provide at least one identification number below. (for see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. 000000055140	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: _____ Requestor's Address: _____ City: _____				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		Name of Corporation (if appointed legal guardian)		
TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS		Requestor's Phone	Requestor's Email	

RECEIVED

OCT 26 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign X	Signature of Near Relative/Legal Guardian (if applicable) X
	Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MARTIN		First Name CHERIE		Middle Name MARIE	Suffix [REDACTED]
Home Address (NC Residential Address.) 10127 NC 131 HWY				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]			Voter Registration No. Phone (optional) Email (optional) RECEIVED OCT 24 2018		

Absentee Voting Information

TIME ____ REC'D BY ____
BLADEN CO. BD. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (not required)	Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED]	X
Date 10-14-18	Date

Scan Date	Batch
2018-10-25	999

Scan Date/Time:	2018-10-25 04:22PM
Batch Number:	999
Attachment Number:	3
Batch Size:	1
Document Type:	SBE_FED VTR REG APP
Page Count:	1
Operator:	gward

(Lori Burrey)
FWAB Request-
e-mailed 10/25/18

Scanned Batch Cover Sheet

2018-10-25 4:25PM

Exhibit 4.2.3.1.2

2119 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-25 4:25PM	13	96	9889

Scan Date/Time: 2018-10-25 4:25PM

Batch Number: 13

Batch Size: 1

Source Code: 96

Batch ID: 9889

Operator: gward

Scanned Batch Cover Sheet

2018-10-25 4:42PM

Exhibit 4.2.3.1.2

2120 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-25 4:42PM	14	96	9890

Scan Date/Time: 2018-10-25 4:42PM

Batch Number: 14

Batch Size: 1

Source Code: 96

Batch ID: 9890

Operator: gward

Voter Information

Federal Write-In Absentee Ballot (FWAB)

Have you already registered and requested an absentee ballot?

☐ Yes
☒ No

Some States allow you to use this form to register and request ballots for future elections. Visit FVAP.gov for more details.

Print clearly in blue or black ink.

1. Who are you? Pick one.

For absent Uniformed Services members, their families, and citizens residing outside the United States,

- ☐ I am on active duty in the Uniformed Services or Merchant Marine -OR- ☐ I am an eligible spouse or dependent.
☐ I am an activated National Guard member on State orders.
☒ I am a U.S. citizen living outside the country, and I intend to return.
☐ I am a U.S. citizen living outside the country, and my return is uncertain.
☐ I am a U.S. citizen living outside the country, and I have never lived in the United States.

Last name Burney

Suffix (Jr., II)

Sex ☒ Female
☐ Male

First name Lori

Previous names (if applicable)

Middle name

Birth date (MM/DD/YYYY)

Social Security Number

Driver's license or State ID #

2. What is your U.S. voting residence address?

Your voting materials will not be sent to this address. See Instructions on other side of form.

Street address 106 S OWEN ST APT B

Apt #

City, town, village ELIZABETHTOWN

State NC

County Bladen

ZIP 28337

3. Where are you now? You must give your CURRENT contact information.

Your mailing address. (Different from above)

Your mail forwarding address. (if applicable)

PSC 94 Box 1342 APO AE 09824

RECEIVED

OCT 25 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

4. What is your contact information? This is so election officials can reach you about your request.

Provide the country code and area code with your phone and fax number. Do not use a Defense Switched Network (DSN) number.

Email: lori.burney.bas@gmail.com

Phone: 770-820-8183

Alternate email: lori.burney@us.af.mil

Fax:

5. What is your voting preference for future elections?

Do you want to register and request a ballot for all elections you are eligible to vote in?

☐ Yes
☒ No

How do you want to receive voting materials from your election office?

☐ Mail
☒ Email or online
☐ Fax

What is your political party for primary elections?

Republican

6. What additional information must you provide?

The following need more information: Alabama, Alaska, Arizona, Puerto Rico, Virginia, and Wisconsin. (Ex. Witness signature, etc.) You may also use this space to clarify your voter information. See the Voting Assistance Guide online at FVAP.gov.

Additional Ballot Request: I request absentee ballots for all elections for which I am eligible sent to me by: Email

7. You must read and sign this statement.

I swear or affirm, under penalty of perjury, that:

- The information on this form is true, accurate, and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.
- I am a U.S. citizen, at least 18 years of age (or will be by the day of election), eligible to vote in the requested jurisdiction, and
- I am not disqualified to vote due to having been convicted of a felony or other disqualifying offense, nor have I been adjudicated mentally incompetent; or if so, my voting rights have been reinstated; and
- I am not registering, requesting a ballot, or voting in any other jurisdiction in the United States, except the jurisdiction cited in this voting form.
- In voting, I have marked and sealed this ballot in private and have not allowed any person to observe the marking of this ballot, except those authorized to assist voters under State and Federal law.

Sign here

Today's date
(MM/DD/YYYY)

10/25/2018

**Official Election Materials - Cover Sheet (FWAB)**

Transmission (Cover) Sheet from Absentee Voter to Election Official

To:
City/County Board of Elections: Bladen County Board of Elections
State: North Carolina
LEO Email: BLADEN.boe@ncsbe.gov
Fax Number: (910) 862-7820

From:
Last Name: Burney
First Name: Lori
Middle Name:
Telephone Number: 770-820-8183
Fax Number:
Email Address: lori.burney.bas@gmail.com

Additional Information:**RECEIVED**

OCT 25 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONSIf a **VOTED BALLOT** is being faxed or emailed, sign below:

"I understand

voluntarily waiving my right to a secret ballot"

Signature

Date: 25 Oct 18

ing this sheet: 2

Not all forms can be sent electronically. Please check the FVAP.gov website or the
Voting Assistance Guide to verify what forms can be electronically sent to your Local Election Official.

Fax: Send directly to your Election Official. If you are unable and need fax assistance send to: 703-693-5527/DSN 223-5527 or 1-800-368-8683 or check FVAP.gov for international fax numbers. If you need to fax and do not have access to a fax machine you can email your forms to fax@fvap.gov.

Email: If your forms can be emailed, **DO NOT USE FAX@FVAP.GOV**.

Email them directly to your election official. Email addresses for your election official can be found at FVAP.gov.

**BLADEN COUNTY BOARD OF ELECTIONS**

PO BOX 512

ELIZABETHTOWN, NC 28337

Phone: 910-862-6951 • Fax: 910-862-7820 • Email: absentee@ncsbe.gov

BURNEY - OVR-1

ABSENTEE BALLOT TRANSMISSION

TO: LORI ANN BURNEY
PSC 94 BOX 1342
APO AE 09824

Email: LORI.BURNEY.BAS@GMAIL.COM
Fax:

FROM: BLADEN COUNTY BOARD OF ELECTIONS

SUBJECT: Absentee Balloting Materials for 11/06/2018 GENERAL Election

DATE: 10/25/2018

COMMENTS:

Please find enclosed/attached the absentee balloting materials for the 11/06/2018 GENERAL Election. The following materials will help you successfully complete the absentee voting process:

- Official blank ballot (normally multiple pages)
- Military-Overseas Absentee Voting Instructions
- Absentee Ballot Container-Return Envelope (if absentee materials sent to you via mail)
- Affirmation Of Military-Overseas Voter (use only if you want to return balloting materials electronically)
- Electronic Transmittal/Waiver Form (use only if you want to return balloting materials electronically)
- Postage-Paid Envelope Template

If you did not receive all pages, please contact our office as soon as possible. Please be sure to read all instructions carefully before transmitting your ballot. Failure to complete a necessary step may result in your ballot not being counted.

ELECTION DAY

11/06/2018

BALLOT SUBMISSION DEADLINE

11/06/2018, 7:30 P.M.

IMPORTANT

To be valid, a military-overseas ballot shall either be received by the appropriate county board of elections no later than the close of the polls (7:30 p.m. EST) on the date of the election, or the covered voter shall submit the ballot for mailing, electronic transmission, or other authorized means of delivery not later than 12:01 A.M., at the place where the voter completes the ballot, on the date of the election.

Please check the website below to see the status of your absentee ballot:

www.NCSBE.gov

As an eligible military-overseas voter, you will continue to receive ballots for all elections for which you are eligible until December 31, 2018. In order to retain your military-overseas absentee voter status, please submit a new Federal Postcard Application (available at www.NCSBE.gov) each year in order to receive absentee ballots for that year. You may also visit www.FVAP.gov for more information on Military and Overseas Citizens Absentee Voting.

**BLADEN COUNTY BOARD OF ELECTIONS**

PO BOX 512

ELIZABETHTOWN, NC 28337

Phone: 910-862-6951 • Fax: 910-862-7820 • Email: absentee@ncsbe.gov

BURNEY - OVR-1

MILITARY-OVERSEAS ABSENTEE VOTING INSTRUCTIONS**Vote Your Ballot**

PLEASE USE A BLACK BALL POINT PEN ONLY to mark your ballot. If you mark your ballot incorrectly, or if you tear, deface or in any way spoil the ballot, contact your county board of elections. A replacement ballot will be transmitted to you if time permits. Once your voted ballot has been returned, you may not withdraw it.

Option 1 - Return Your Ballot - By Mail

Place your ballot in the Container-Return envelope (if one was mailed to you), seal the envelope, and sign and complete the **Affirmation of Military-Overseas Voter** on the back of the envelope. If you do not sign the affirmation, your ballot will not be counted. Mail your ballot to the county board of elections by the deadline referenced below.

Special Mailing Instructions**No Container-Return Envelope?**

If you do not have a Container-Return envelope, sign and complete the **Affirmation of Military-Overseas Voter** on page 4 of these absentee materials. Enclose the affirmation and your voted ballot inside of a regular envelope and affix the preaddressed, postage paid envelope template attached to these materials to the outside of the envelope. Mail the ballot to:

BLADEN COUNTY BOE
ATTN: ABSENTEE BALLOT RETURN
PO BOX 512
ELIZABETHTOWN, NC 28337
UNITED STATES OF AMERICA

Not using U.S. Post?

If you need to send the ballot using an expedited or express mail-delivery service, please mail to our physical address:

MILITARY-OVERSEAS ABSENTEE BALLOT RETURN
BLADEN COUNTY BOE
301 SOUTH CYPRESS STREET
ELIZABETHTOWN, NC 28337
UNITED STATES OF AMERICA

Option 2 - Return Your Ballot - By Fax or Email

To transmit your ballot electronically, **COMPLETE** and **SIGN** the **Affirmation of Military-Overseas Voter** on page 4 of these absentee materials. Complete and sign the **Electronic Transmission Sheet & Privacy Waiver** enclosed and fax or email the transmission pages of your ballot and the **Affirmation of Military-Overseas Voter** to:

Fax: 1-919-715-0351

Email: absentee@ncsbe.gov

Type the following in the subject line:

BLADEN COUNTY - BURNEY - OVR-1

Deadline to Return Your Ballot: 11/06/2018 , 7:30 P.M.

Ballots (including Federal Write-in Absentee Ballots) should be received no later than the close of polls (7:30 P.M.) on election day, 11/06/2018 or you must submit the ballot for mailing, electronic transmission, or other authorized means of delivery not later than 11/06/2018 by 12:01 A.M., at the place where you complete the ballot. **NO POSTMARK IS REQUIRED.** Mailed ballots submitted by this deadline will be timely if received by the county board of elections by the end of the business day on the business day before the canvass (7 or 10 days after the election). Faxed or emailed ballots must be received by 7:30 P.M. EST on Election Day.



USE ONLY IF TRANSMITTING YOUR BALLOT ELECTRONICALLY

Official Election Materials - BLADEN COUNTY, NC

Electronic Transmission Sheet/Privacy Waiver

Number of Pages Being Transmitted: _____

TO: BLADEN COUNTY BOARD OF ELECTIONS

FAX: 1-919-715-0351

EMAIL: absentee@ncsbe.gov



ABS-9-102885

Bladen - OVR-1

PCT/VTD: P501 / P501

11/06/2018 GENERAL

BALLOT: G004

MUNI: 50

Note:

Type the following in the subject:

BLADEN COUNTY - BURNEY - OVR-1

FROM: BURNEY

Last Name

LORI

First Name

ANN

Middle Name

Address

Unit/Ship

Postal Code / APO/FPO

City

State

Zip

Country

Email

Telephone

Fax

Service: ☐ Army ☐ Navy ☐ Air Force ☐ Marine ☐ Coast Guard ☐ Merchant Marine ☐ Overseas Citizen
☐ Other: _____

PRIVACY WAIVER

I understand that by faxing or emailing a scanned image of my marked ballot, I am voluntarily waiving a portion of the secrecy of my ballot to the extent necessary to process my ballot, but expect that my vote will be held as confidential as possible.

Voter

Signature

Date

This transmission includes an official ballot, and is intended for receipt and viewing by Elections Officials only. If you receive this electronic transmission in error, please contact the State Board of Elections Office at 1-866-522-4723 or absentee@ncsbe.gov. Any effort to interfere with the transmission of this electronic document or distribution of the contents of this document to anyone other than the appropriate elections official is a violation of State and Federal Criminal Statutes, and may result in criminal prosecution, imprisonment, and fines.



BLADEN COUNTY BOARD OF ELECTIONS

PO BOX 512

ELIZABETHTOWN, NC 28337

Phone: 910-862-6951 • Fax: 910-862-7820 • Email: absentee@ncsbe.gov

BURNEY - OVR-1

AFFIRMATION OF MILITARY-OVERSEAS VOTER

I swear or affirm, under penalty of perjury, that:

1. I am a member of the Uniformed Services or merchant marine on active duty or an eligible spouse or dependent of such a member, or a U.S. citizen temporarily residing outside the U.S., or other U.S. citizen residing outside the U.S., and
2. I am a U.S. citizen, at least 18 years of age (or will be by the day of the election), eligible to vote in the requested jurisdiction, and
3. I have not been convicted of a felony or other disqualifying offense, or if so, my voting rights have been reinstated, and
4. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S., and
5. I have voted and sealed this ballot in private and have not allowed any person to observe the marking of this ballot, except for those authorized to assist voters under state or Federal law and I have not been influenced, and
6. I am a Uniformed Services member, or dependent, who is absent from my voting jurisdiction, or I am an overseas citizen and have submitted this ballot from outside the U.S., and
7. My signature and date below indicate when I completed this document, and I understand that to be valid, a military-overseas ballot shall either be received by the appropriate county board of elections no later than the close of the polls, or the covered voter shall submit the ballot for mailing, electronic transmission, or other authorized means of delivery not later than 12:01 A.M., at the place where the voter completes the ballot, on the date of the election, and
8. The information on this form is true and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.

In a primary, I further certify that I am affiliated with the party shown, or if unaffiliated, I have requested to participate in said party primary.

PRIMARY PARTY PREFERENCE: REP

I further certify that the following is my official residential voting address:

106 S OWEN ST # B
ELIZABETHTOWN, NC 28337

X

Signature (Required)

Date

Time

Email Address (optional -- read below)

At your discretion, you may provide us with your email address. Your email address is not a public record and may be used only for official communication with you about the voting process, including transmitting military-overseas ballots and election materials if you have requested electronic transmission, and verifying your mailing address and physical location. Any other use or disclosure of your email address is prohibited.

- ☐ I request to receive absentee ballots for all elections for which I am eligible through December of next year.
Please send ballots via: ☐ Mail ☐ Email ☐ Fax

For Official Use Only

OVR-1
BALLOT: G004
LORI ANN BURNEY
PCT/MTD: P501 / P501
11/06/2018 GENERAL

MUN: 50

Ballot Approval Date



ABS-9-102886

NCSBE MAR 2018

Call 1-866-522-4723 or visit www.NCSBE.gov
to check your absentee status.

UOCAVA Page 4


Postage-Paid Envelope Template -- Instructions to Voter:

Below is a Postage Paid Envelope from the Federal Voting Assistance Program (FVAP) website:

<http://www.fvap.gov/resources/media/returnenvelope.pdf>

The postage paid envelope may be used if mailed in the U.S. Postal System, which includes all U.S. Military post offices (APO/FPO) overseas or through the diplomatic pouch available at U.S. embassies/consulates. You must affix appropriate postage if using international mail. You may fold or cut the envelope graphic from this page and attach to an envelope. If it is available, you may also use the envelope portion of the Federal Write-in Absentee Ballot to transmit the ballot and ballot materials to the county board of elections.

Along with your voted ballot, be sure to include your signed **AFFIRMATION OF MILITARY-OVERSEAS VOTER**.

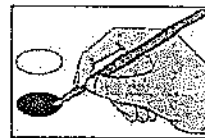
NAME AND COMPLETE ADDRESS _____ _____ _____ _____		US POSTAGE PAID 39 USC 3406 PAR AVION
BUREAU OVR-1		
OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST-CLASS MAIL		
NO POSTAGE NECESSARY IN THE U.S. MAIL - DMM 703.8.D		
TO: <u>BLADEN COUNTY BOARD OF ELECTIONS</u>		
<u>PO BOX 512</u>		
<u>ELIZABETHTOWN, NC 28337</u>		

Official Ballot
Bladen County, North Carolina
November 6, 2018

G004

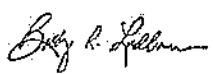
BALLOT MARKING INSTRUCTIONS:

- A. With the marking device provided or a black ball point pen, completely fill in the oval to the left of each candidate or selection of your choice as shown.
B. Where authorized, you may write in a candidate by filling in the oval and writing the name on the Write-In line.
C. If you tear, deface or wrongly mark this ballot, return it to request a replacement.



FEDERAL OFFICES		COUNTY OFFICES	Sheriff (You may vote for ONE)
US House of Representatives District 9 (You may vote for ONE)	Board of Commissioners District 3 (You may vote for ONE)	<input type="radio"/> Jim McVicker Republican <input type="radio"/> Hakeem Brown Democrat	
<input type="radio"/> Mark Harris Republican <input type="radio"/> Dan McCready Democrat <input type="radio"/> Jeff Scott Libertarian	<input type="radio"/> Russell Priest Democrat <input type="radio"/> Wayne Edge Republican	JUDICIAL OFFICES No primaries for judicial office were held in 2018. The information listed by each of the following candidates' names indicates only the candidates' party affiliation or unaffiliated status on their voter registration at the time they filed to run for office.	
STATE OFFICES			NC Supreme Court Associate Justice Seat 1 (You may vote for ONE) <input type="radio"/> Barbara Jackson Republican <input type="radio"/> Christopher (Chris) Anglin Republican <input type="radio"/> Anita Earls Democrat
NC State Senate District 8 (You may vote for ONE)	Board of Education At-Large (You may vote for ONE)		
<input type="radio"/> Anthony H. Mascolo Libertarian <input type="radio"/> Bill Rabon Republican <input type="radio"/> David W. Sink, Jr. Democrat	<input type="radio"/> Vince Rozier Democrat <input type="radio"/> Cory L. Singletary Democrat <input type="radio"/> Tim Benton Democrat <input type="radio"/> Dennis Edwards Republican	NC Court of Appeals Judge Seat 1 (You may vote for ONE) <input type="radio"/> Andrew T. Heath Republican <input type="radio"/> John S. Arrowood Democrat	
NC House of Representatives District 22 (You may vote for ONE)	Board of Education District 3 (You may vote for ONE)		
<input type="radio"/> William Brisson Republican <input type="radio"/> Martin (Tony) Denning Democrat	<input type="radio"/> Alan T. West Democrat	NC Court of Appeals Judge Seat 2 (You may vote for ONE) <input type="radio"/> Jefferson G. Griffin Republican <input type="radio"/> Tobias (Toby) Hampson Democrat <input type="radio"/> Sandra Alice Ray Republican	
PROSECUTORIAL OFFICES			Clerk of Superior Court (You may vote for ONE) <input type="radio"/> Niki S. Dennis Democrat
District Attorney District 15 (You may vote for ONE)	<input type="radio"/> Jon David Republican		
	Coroner (You may vote for ONE) <input type="radio"/> Kenneth T. Clark Democrat	Register of Deeds (You may vote for ONE) <input type="radio"/> Beverly T. Parks Democrat <input type="radio"/> Jason Britt Republican	

Continue voting
next side →

D	E	F
NC Court of Appeals Judge Seat 3 (You may vote for ONE)	Constitutional Amendment	Constitutional Amendment
<input type="radio"/> Chuck Kitchen Republican <input type="radio"/> Michael Monaco, Sr. Libertarian <input type="radio"/> Allegra Katherine Collins Democrat	Constitutional amendment to strengthen protections for victims of crime; to establish certain absolute basic rights for victims; and to ensure the enforcement of these rights.	Constitutional amendment to change the process for filling judicial vacancies that occur between judicial elections from a process in which the Governor has sole appointment power to a process in which the people of the State nominate individuals to fill vacancies by way of a commission comprised of appointees made by the judicial, executive, and legislative branches charged with making recommendations to the legislature as to which nominees are deemed qualified; then the legislature will recommend at least two nominees to the Governor via legislative action not subject to gubernatorial veto; and the Governor will appoint judges from among these nominees.
NC District Court Judge District 13 Seat 1 (You may vote for ONE)	<input type="radio"/> For <input type="radio"/> Against	
<input type="radio"/> W. Fred Gore Republican	Constitutional Amendment	
NC District Court Judge District 13 Seat 2 (You may vote for ONE)	Constitutional amendment to reduce the income tax rate in North Carolina to a maximum allowable rate of seven percent (7%).	
<input type="radio"/> William F. Fairley Republican	<input type="radio"/> For <input type="radio"/> Against	<input type="radio"/> For <input type="radio"/> Against
NONPARTISAN OFFICES		
Soil and Water Conservation District Supervisor (You may vote for TWO)	Constitutional Amendment	Constitutional Amendment
<input type="radio"/> Tim Gause <input type="radio"/> Charles Wendell Gillespie <input type="radio"/> Earl Storms <input type="radio"/> Write-in <input type="radio"/> Write-in	Constitutional amendment to require voters to provide photo identification before voting in person.	Constitutional amendment to establish an eight-member Bipartisan Board of Ethics and Elections Enforcement in the Constitution to administer ethics and elections law.
<input type="radio"/> For <input type="radio"/> Against	<input type="radio"/> For <input type="radio"/> Against	<input type="radio"/> For <input type="radio"/> Against
REFERENDA		
Constitutional Amendment		Bladen County Local Sales and Use Tax
Constitutional amendment protecting the right of the people to hunt, fish, and harvest wildlife.		Local sales and use tax at the rate of one-quarter percent (0.25%) in addition to all other State and local sales and use taxes.
<input type="radio"/> For <input type="radio"/> Against		<input type="radio"/> For <input type="radio"/> Against
		End of Ballot  Chairman, Bladen County Board of Elections
D	E	F
	North Carolina	Ballot Style G0004

Gina Ward

From: Mail Delivery Subsystem <MAILER-DAEMON@mail.bladenco.org>
Sent: Thursday, October 25, 2018 5:14 PM
To: gward@bladenco.org
Subject: Return receipt
Attachments: details.txt; Untitled attachment 00016.txt

The original message was received at Thu, 25 Oct 2018 17:13:16 -0400 from bcg-boe-fw1.intrstar.net [66.207.227.149]

----- The following addresses had successful delivery notifications ----- <lori.burney.bas@gmail.com> (relayed to non-DSN-aware mailer)

----- Transcript of session follows ----- <lori.burney.bas@gmail.com>...relayed; expect no further notifications

Scan Date	Batch Number	Source Code	Batch ID
2018-10-25 4:12PM	12	07	9888

Scan Date/Time: 2018-10-25 4:12PM
Batch Number: 12
Batch Size: 1
Source Code: 07
Batch ID: 9888
Operator: gward

Obs. Request - 10/25/18
CPW



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information			
Last Name <u>Dixon</u>	First Name <u>John</u>	Middle Name <u>Harvis</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1508 Nan St.</u>		Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No.	Phone (optional)
		Email (optional)	

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>UNCA Box 6244, 2500 University Hts.</u>		City <u>Asheville</u>	State <u>NC</u>
Zip Code <u>28804-5508</u>			
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: <u>Matthew John Dixon</u> Name of Corporation (if appointed legal guardian)			
Requestor's Address <u>1508 Nan St.</u>		Requestor's Phone <u>910-879-2333</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Email <u>dixonlaw101@gmail.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Guardian (if applicable)

X [Signature]

10/24/18
Date

Scanned Batch Cover Sheet

2018-10-25 3:16PM

Exhibit 4.2.3.1.2

2135 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-25 3:16PM	11	07	9887

Scan Date/Time: 2018-10-25 3:16PM

Batch Number: 11

Batch Size: 16

Source Code: 07

Batch ID: 9887

Operator: gward

Abs. Request - in persons
10/25/18 GW



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Davis		First Name Sankie		Middle Name Marie	Suffix [REDACTED]
Home Address (NC Residential Address.) 151 Bladenboro Airport Rd				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) SSN [REDACTED] X X X - X X [REDACTED]			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 151 Bladenboro Airport Rd				City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

RECEIVED

TIME REC'D BY
OCT 24 2018
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10/2/18

X

You can request a new absentee ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL

on

11/6/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Whitted		First Name Fonda		Middle Name Eleana	Suffix [REDACTED]
Home Address (NC Residential Address.) 5505 5437 Chickenfoot Rd				Mailing Address (if different than home address.) 5505 Chickenfoot Rd	
City Saint Pauls	State NC	Zip Code 28384	City St. Pauls	State NC	Zip Code 28384
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: 08/02/18			County of Residence Bladen		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX [REDACTED]			Voter Registration No. [REDACTED]		
			Phone (optional)		Email (optional) a.deana@bnt.net

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 5505 Chickenfoot Rd		City St. Pauls	State NC	Zip Code 28384
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name [REDACTED]				
Requestor's Address [REDACTED]				
Name of Corporation (if appointed legal guardian) [REDACTED]				
City	State	Zip Code	Requestor's Phone	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☒ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

Date

Date

You can request a new absentee ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
Visit www.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

November

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

CLEMMONS

First Name

DENNIS

Middle Name

RAY

Suffix

Home Address (NC Residential Address.)

114 CYPRESS ST.

Mailing Address (if different than home address.)

City

BLADENBORO

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X

Voter Registration No.

Phone (optional) 1010 4211

TIME

REC'D BY

BLADEN CO. BD. OF ELECTIONS

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

114 CYPRESS ST.

City

Bladenboro

State

NC

Zip Code

28320

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

V2013.11

Visit www.ncsbe.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

192174304 NCSB0975861 CVNC



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information				Mailing Address (If different than home address.)	
Last Name <u>Hester</u>	First Name <u>Trista</u>	Middle Name <u>Shay</u>	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address): <u>9648 NC Hwy 242</u>			Mailing Address (If different than home address.): <u>9648 NC Hwy 242</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional) <u>[REDACTED]</u>		
			Email (optional) <u>[REDACTED]</u>		

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name <u>Patricia Hester</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>12353 Hwy 131</u>		Name of Corporation (if appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	Transmit my Ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
Current Address (Address where you are currently stationed or living overseas.)	

Signature of Near Relative/Legal Guardian (if applicable)

S

10/22/18
Date

X Patricia Hester
Signature

10/22/18
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>	First Name <u>Stephen</u>	Middle Name <u>Paul</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>1422 Storms rd</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		<div style="text-align: center;"> RECEIVED OCT 25 2018 </div>		
NC License or ID Number	SSN <u>X X X - X X - [REDACTED]</u>	Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>

TIME REC'D BY:
 BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1422 Storms rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> Date <u>10/23/18</u>
-----------------------	--



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Hester</u>	First Name <u>PATRICIA</u>	Middle Name <u>A</u>	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>12353 Hwy 131</u>			Mailing Address (if different than home address.) <u>same</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> / / </u>			County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>			Voter Registration No. <u>991-5538</u>	Phone (optional) <u>910-5538</u>	Email (optional)

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) <u>12353 Hwy 131</u>			City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: <u> </u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input checked="" type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address	Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>10/22/18</u>
Date <u>10/22/18</u>	Date <u>10/22/18</u>



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Flester		First Name Stephen		Middle Name Alvin	Suffix	Date of Birth
Home Address (NC Residential Address.) 12353 Hwy 131				Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/			Voter Registration No. 000000		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican		<div style="text-align: center;"> RECEIVED OCT 25 2018 BLADEN COUNTY BOARD OF ELECTIONS </div>		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If "Yes," what is the name and address of the hospital or facility:		
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Stephen Flester		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 12353 Hwy 131		Name of Corporation (if appointed legal guardian)		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone 910 671 6717	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (if applicable) X	Signature of Near Relative/Legal Guardian (if applicable) X
Date 10-22-18	Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512

Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOV 6TH, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name RUFFIN	First Name CHRISTOPHER	Middle Name BART	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 982 BLADENBORO AIRPORT RD.		Mailing Address (if different than home address.) P.O. BOX 732		
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable) N/A		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX - [REDACTED]		Voter Registration No. 610		
		Phone (optional) 991-5305		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 37 NORTHKOTE AVE.		City TORONTO	State ON	Zip Code M6J 3K2
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 25 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input checked="" type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable) [REDACTED]	Date 10/25/18
--	-------------------------



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2013

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Martin		First Name Thomas		Middle Name	Suffix SR	Date of Birth
Home Address (NC Residential Address.) 1776 Merced Mill Rd				Mailing Address (if different than home address.) P.O. Box 3052		
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional			
NC License or ID Number XXX - XX - [REDACTED]		SSN XXX - XX - [REDACTED]	Phone (optional)		Email (optional)	

Absentee Voting Information

RECEIVED

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

[Signature]
Date **10/25/13**

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Martin		First Name Lillie		Middle Name E	Suffix [REDACTED]
Home Address (NC Residential Address.) 1776 Mercer Mill Rd				Mailing Address (If different than home address.) P.O. Box 303	
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/18			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		
NC License or ID Number XXX - XX		SSN [REDACTED]	Phone (optional)		Email (optional)

RECEIVED

Absentee Voting Information

OCT 25 2018

Absentee Mailing Address (Where should the ballot be mailed?)		City	Time	State	RE	Zip Code
				BLADEN CO. 60	OF ELECTIONS	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.						
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

10/25/18

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4-2-3-1-2

2146 of 2469

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLean</u>		First Name <u>Eosene</u>		Middle Name <u>WIA</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>506 Butler Mill Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>			Voter Registration No.		Phone (optional) <u>[REDACTED]</u>

RECEIVED
OCT 25 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>506 Butler Mill Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>Zandra McLean Bussan</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>9724 Old Whiteville Rd</u>		Name of Corporation (if appointed legal guardian)		
City <u>Lumberton</u>	State <u>NC</u>	Zip Code <u>28358</u>	Requestor's Phone <u>910-574-7099</u>	Requestor's Email <u>zandrajchason@rocketmail.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X
Date

Signature of Relative/Near Guardian (if applicable)

Zandra McLean Bussan
Date 10-25-18



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

2147 of 2469

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>McLean</u>	First Name <u>Mary</u>	Middle Name <u>Ann</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>506 Butler Mill Rd</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>Mary Ann Edwards</u>
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>506 Butler Mill Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name <u>Zandra McLean Brissan</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>9724 Old Whiteville Rd</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u> REC'D BY <u>[REDACTED]</u> BLADEN CO. BD. OF ELECTIONS		
City <u>Lumberton</u>	State <u>NC</u>	Zip Code <u>28358</u>	Requestor's Phone <u>910-874-7099</u>	Requestor's Email <u>zandrahbrissan@rocketmail.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Relative/Near Guardian (if applicable)

X Zandra McLean Brissan

10/25/18

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 123.12

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

11/6/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Avary

First Name

Donnie

Middle Name

Garrett

Suffix

Home Address (NC Residential Address)

146 Hillcrest Dr.

Mailing Address (if different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

NC

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1/

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.

Optional

Phone

601.343.4510

Optional

Email

Optional

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

327 Memmore Trail, Apt. 5C

City

Williamston

State

VA

Zip Code

23155

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)*

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

10/20/18

X

Date

Date



North Carolina

Absentee Ballot Request Form

Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

2149 of 2469

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General Primary

on 11-6-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name DOVE		First Name Billy		Middle Name McCray	Suffix	Date of Birth
Home Address (NC Residential Address.) 878 Gayton Rd				Mailing Address (if different than home address.) Same		
City Bladenboro		State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) [Redacted] SSN: XXX-XX-XXXX				Voter Registration No.	Phone (optional) 648-4787	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Billy M Dove, 878 Gayton Rd.				City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name Bettye B. Dove		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address 878 Gayton Rd		Name of Corporation (if appointed legal guardian)				
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone 910-648-4787	Requestor's Email TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

X Bettye B Dove

Date



State Absentee Ballot Request Form
North Carolina
Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 2150 of 2469
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Primary on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dove</u>		First Name <u>Beth</u>		Middle Name <u>Marie</u>	Suffix <u>Benton</u>
Home Address (NC Residential Address.) <u>878 Lupton Rd.</u>				Mailing Address (if different than home address.) <u>SAME</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>SAME</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) SSN <u>XXX - XX - XXX</u>			Voter Registration No.		
			Phone (optional) <u>910.648.4789</u>		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Beth Dove 878 Lupton Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>[Redacted]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
Requestor's Address <u>[Redacted]</u>		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
City <u>[Redacted]</u>		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian <input type="checkbox"/> [Redacted]			
State <u>[Redacted]</u>		Name of Corporation (if appointed legal guardian) <u>[Redacted]</u>			
Zip Code <u>[Redacted]</u>		Requestor's Phone <u>[Redacted]</u>			
		Requestor's Email <u>[Redacted]</u>			

OCT 24 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[Redacted]</u>		Fax Number or Email Address <u>[Redacted]</u>	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

Date

Date

Sent
9-25-18

PRINT RESULTS LIST

ABSENTEE VOTER CORRESPONDENCE LIST

Name	Address	VRN	DOB	Status	Election	Reg Type	Reg Reason	Reg Status	Reg Method	Party	Site	Machine	Ballot Num	Seq
RD, DELTON EUGENE JR	802 PINE RIDGE CIR BLADENBORO, NC 28320	000000021202	07/03/1961	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	508	507
ALL	09/24/2018					N	P201	20	VV Absentee			9-6371		
YERS, CHARLES EDWARD	680 DENNIS HAROLD SIMMONS RD FAYETTEVILLE, NC 28312	000000036057	09/09/1977	A	11/09/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	474	473
ALL	09/24/2018					N	P80		VV Absentee			9-6406		
ENTON, BENJAMIN CRAIG	312 PINE RIDGE CIR BLADENBORO, NC 28320	000000036241	06/20/1969	A	11/09/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	509	508
ALL	09/24/2018					N	P201	20	VV Absentee			9-6370		
ORDEN, MORGAN PAIGE	8104 NC 41 HWY W BLADENBORO, NC 28320	000000060517	09/19/1995	A	11/09/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	566	565
Exhibit 4														
ALL	09/24/2018					N	P15		VV Absentee			9-6490		
RITT, LISA MICHELLE	303 PECAN ST # 3F BLADENBORO, NC 28320	000000059905	08/09/1979	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	487	486
ALL	09/24/2018					N	P202	20	VV Absentee			9-6393		
RYAN, DANNY K	277 ZION HILL CHURCH RD BLADENBORO, NC 28320	000000034203	05/16/1961	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	510	509
ALL	09/24/2018					N	P202		VV Absentee			9-6369		
RYAN, MARIAM SHIPMAN	12796 NC 131 HWY BLADENBORO, NC 28320	000000021854	12/08/1971	A	11/09/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	561	560
ALL	09/24/2018					N	P202		VV Absentee			9-6455		

Name

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Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Seq
End Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Prechct	Reg Muni	Source		Request ID		Num
ARMSTRONG, LORI ANN	46 WHITE FARM LN BLADENBORO, NC 28320	000000058637	12/07/1972	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	481	480
MAIL	09/24/2018					N	P10		VV Absentee		8-6339		
ARROLL, AVERY	635 PAUL BRISSON RD BLADENBORO, NC 28320	000000046644	01/15/1966	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	505	504
MAIL	09/24/2018					N	P15		VV Absentee		8-6375		
ARSON, BRANDEN	2305 GUYTON RD BLADENBORO, NC 28320	000000057577	11/12/1996	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	480	479
MAIL	09/24/2018					N	P202		VV Absentee		8-6400		
ERVANTEZ, DELIA MAE	1187 STORMS RD BLADENBORO, NC 28320	000000052798	05/05/1968	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	479	478
MAIL	09/24/2018					N	P202		VV Absentee		8-6401		
CHRISTIAN, DAVID DELANE	125 DUSTY RD BLADENBORO, NC 28320	000000039266	02/11/1981	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	478	477
MAIL	09/24/2018					N	P202		VV Absentee		8-6402		
CHRISTIAN, SHEILA L	10081 NC 131 HWY BLADENBORO, NC 28320	000000051561	07/26/1964	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	477	476
MAIL	09/24/2018					N	P202		VV Absentee		8-6403		
AVIS, WILFORD M	1224 CENTER RD BLADENBORO, NC 28320	000000044246	12/05/1946	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	499	498
MAIL	09/24/2018					N	P15		VV Absentee		8-6361		
SAVER, RAY	114 MIDWAY DR # 3 BLADENBORO, NC 28320	000000047440	04/06/1954	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	478	475
MAIL	09/24/2018					N	P202	20	VV Absentee		8-6404		

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source				Numb
DOWLESS, CAROLYN R	489 EVERS RD BLADENBORO, NC 28320	000000018462	11/15/1957	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	500	489
MAIL	09/24/2018					N	P15		VV Absentee		9-6380		
DOWLESS, CLETUS E	8802 NC 131 HWY BLADENBORO, NC 28320	000000006324	08/23/1934	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	501	500
MAIL	09/24/2018					N	P16		VV Absentee		9-6379		
DOWLESS, DANIEL ROSS	684 PAUL BRISSON RD BLADENBORO, NC 28320	000000006325	03/02/1943	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	502	501
MAIL	09/24/2018					N	P16		VV Absentee		9-6378		
DOWLESS, DONALD WAYNE	3776 TWISTED HICKORY RD ELIZABETHTOWN, NC 28337	000000047208	11/27/1986	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	475	474
MAIL	09/24/2018					N	P501		VV Absentee		9-6405		
DOWLESS, JESSICA KAREN	2766 TWISTED HICKORY RD ELIZABETHTOWN, NC 28337	000000048727	12/06/1975	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	514	513
MAIL	09/24/2018					N	P501		VV Absentee		9-6408		
DOWLESS, JUDY BRYAN	684 PAUL BRISSON RD BLADENBORO, NC 28320	000000006342	11/08/1946	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	503	502
MAIL	09/24/2018					N	P15		VV Absentee		9-6377		
DOWLESS, ROBERT LEE JR	7019 ALBERT ST DUBLIN, NC 28332	000000000020	12/20/1994	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	529	528
MAIL	09/24/2018					N	P15	15	VV Absentee		9-6374		
DOWLESS, SANDRA HOOKS	303 PECAN ST #3F BLADENBORO, NC 28320	000000059984	11/12/1959	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	506	505
MAIL	09/24/2018					N	P202	20	VV Absentee		9-6373		

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID			
HANMANN, SAMANTHA L	604 WEBB FAULK RD BLADENBORO, NC 28320	000000068448	05/15/1990	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	507	506	
MAIL 09/24/2018						N	P202		VV Absentee		9-6372			
JANCOCK, PAMELA JOWLESS	646 PAUL BRISSON RD BLADENBORO, NC 28320	000000028386	10/25/1971	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	497	496	
MAIL 09/24/2018						N	P15		VV Absentee		9-6383			
JANCOCK, TREVOR RYAN	646 PAUL BRISSON RD BLADENBORO, NC 28320	000000055524	11/21/1994	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	498	497	
MAIL 09/24/2018						N	P15		VV Absentee		9-6382			
JARRELSON, JAMES TODD	204 MIDWAY DR # 11 BLADENBORO, NC 28320	000000061097	03/28/1992	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	492	491	
MAIL 09/24/2018						N	P202	20	VV Absentee		9-6388			
LESTER, CRYSTAL RENEE	428 S ASHE ST # 01 BLADENBORO, NC 28320	000000030969	10/03/1977	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	496	495	
MAIL 09/24/2018						N	P201	20	VV Absentee		9-6384			
ESTER, JAMES LAWRENCE	317 L B LENNON RD BLADENBORO, NC 28320	000000028693	02/09/1975	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	493	492	
MAIL 09/24/2018						N	P201		VV Absentee		9-6397			
EUSTESS, SHARON	37 STORMS RD BLADENBORO, NC 28320	000000061054	01/29/1966	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	515	514	
MAIL 09/24/2018						N	P202		VV Absentee		9-6410			
EVERLY, ANDREA LYNN	2305 GUYTON RD BLADENBORO, NC 28320	000000046642	10/03/1979	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	516	515	
MAIL 09/24/2018						N	P202		VV Absentee		9-6411			

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID		Num
LITTLE, LOUISE HERRING													
MAIL	09/24/2018	10081 NC 131 HWY BLADENBORO, NC 28320	000000051564	03/23/1942	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	524 523
LOCKLEAR, NIKKI MARIE													
MAIL	09/24/2018	11561 NC 242 HWY S BLADENBORO, NC 28320	000000057207	11/27/1997	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	472 471
LONG, RICHARD M													
MAIL	09/24/2018	48 HILLSIDE CIR BLADENBORO, NC 28320	000000037673	10/23/1946	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	525 524
WCCARTY, KIMBERLY ELIZABETH													
MAIL	09/24/2018	115 LEWIS ST BLADENBORO, NC 28320	000000051690	06/18/1962	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	526 525
ACDANTE, HUGHLON L													
MAIL	09/24/2018	6343 NC 131 HWY BLADENBORO, NC 28320	000000014735	07/14/1964	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	527 526
ACDANTE, VIVIAN HORNE													
MAIL	09/24/2018	6343 NC 131 HWY BLADENBORO, NC 28320	000000007152	09/21/1939	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	528 527
ICKROY, LEE HARVEY													
MAIL	09/24/2018	5708 NC 41 HWY W ELIZABETHTOWN, NC 28337	000000022426	02/14/1958	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	530 529
CKROY, MARVIN LEE													
MAIL	09/24/2018	317 CENTER RD ELIZABETHTOWN, NC 28337	000000045387	11/28/1966	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	531 530
AIL													
MAIL	09/24/2018					N	P15		VALID	VV/Absentee		9-6426	

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source					
MCLAREN, MARGIE LOUISE	256 BLADENBORO AIRPORT RD BLADENBORO, NC 28320	00000002874	02/21/1966	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	532	531
MAIL	09/24/2018					N	P202		VV Absentee			9-6426		
MCCLEOD, JUDY ANN	209 W WALNUT ST # 3D BLADENBORO, NC 28320	000000042373	01/11/1944	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	556	557
MAIL	09/24/2018					N	P202	20	VV Absentee			9-6454		
MERRITT, JEFFREY TODD	183 SUGGS-TAYLOR RD ELIZABETHTOWN, NC 28337	000000055565	05/01/1966	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	554	553
MAIL	09/24/2018					N	P15		VV Absentee			9-6453		
MERRITT, MILDRED ELIZABETH	802 PINE RIDGE CIR BLADENBORO, NC 28320	000000026798	07/13/1931	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	549	548
MAIL	09/24/2018					N	P201	20	VV Absentee			9-6452		
NORRIS, JOSEPH LLOYD	304 VILLAGE ST # 3-B BLADENBORO, NC 28320	000000024666	04/20/1957	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	540	539
MAIL	09/24/2018					N	P202	20	VV Absentee			9-6451		
NORRIS, SARAH SYKES	304 VILLAGE ST # 3-B BLADENBORO, NC 28320	0000000047007	12/11/1959	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	539	538
MAIL	09/24/2018					N	P202	20	VV Absentee			9-6450		
PAIT, CHALMERS J	30 HOLLY BRITT CT BLADENBORO, NC 28320	000000060996	12/17/1962	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	560	559
MAIL	09/24/2018					N	P202		VV Absentee			9-6449		
PAIT, CHRISTOPHER RYAN	587 LYON LANDING RD ELIZABETHTOWN, NC 28337	000000040041	11/28/1966	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	559	558
MAIL	09/24/2018					N	P15		VV Absentee			9-6448		

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Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID		Num
ROBINSON, KIMBERLY SUE	303 PECAN ST #6B BLADENBORO, NC 28320	000000047025	07/04/1986	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	557	556
MAIL	09/24/2018												
RUSS, JOSEPH EARL	984 OAK GROVE CHURCH RD BLADENBORO, NC 28320	000000023068	02/14/1957	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	556	555
MAIL	09/24/2018												
SESSIONS, RACHEL LOUISE	95 SUNSET PARK RD BLADENBORO, NC 28320	000000050937	09/18/1954	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	555	554
MAIL	09/24/2018												
SEVERINE, TONY LEE	12031 NC 242 HWY S BLADENBORO, NC 28320	000000047483	05/16/1969	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	553	552
MAIL	09/24/2018												
SHAW, SANDY LEE	2882 TWISTED HICKORY RD ELIZABETHTOWN, NC 28337	000000032665	07/09/1979	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	552	551
MAIL	09/24/2018												
SINGLETARY, SANDRA REGINA	1327 TAR HEEL RD TAR HEEL, NC 28392	000000024931	08/20/1976	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	473	472
MAIL	09/24/2018												
SLACKS, JESSIE E	6913 NC 242 HWY S BLADENBORO, NC 28320	000000060872	02/24/1998	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	551	550
MAIL	09/24/2018												
STEPHENS, SHANIA LYNN	310 RONALD BRITT RD BLADENBORO, NC 28320	000000060534	04/10/1999	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	550	549
MAIL	09/24/2018												

Name	Address	VRN	DOB	Status	Election	Req. Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Seq
Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID	Num	
STILL, DAVID DONALD	3727 CENTER RD BLADENBORO, NC 28320	0000000068417	03/19/1950	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	573	572
MAIL	09/24/2018					N	P16		VV Absentee		9-6469		
STOGNER, WILLIAM C	304 MIDWAY DR BLADENBORO, NC 28320	0000000060064	08/13/1945	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	548	547
MAIL	09/24/2018					N	P202	20	VV Absentee		9-6440		
STORMS, CHRISTY CHESHIRE	7242 NC 211 HWY W BLADENBORO, NC 28320	0000000034728	04/08/1971	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	665	564
MAIL	09/24/2018					N	P202		VV Absentee		9-6456		
STORMS, RODNEY EUGENE	107 W POPLAR ST BLADENBORO, NC 28320	0000000024750	03/08/1968	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	547	546
MAIL	09/24/2018					N	P201	20	VV Absentee		9-6439		
STORMS, ROGER LANE	7242 NC 211 HWY W BLADENBORO, NC 28320	0000000045240	02/17/1972	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	564	563
MAIL	09/24/2018					N	P202		VV Absentee		9-6458		
STORMS, SCOTTIE LANE	7242 NC 211 HWY W BLADENBORO, NC 28320	0000000056567	08/22/1996	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	563	562
MAIL	09/24/2018					N	P202		VV Absentee		9-6457		
UGGS, ALLISON ELIZABETH	56 KITTY LN BLADENBORO, NC 28320	0000000060946	08/15/1981	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	572	571
MAIL	09/24/2018					N	P16		VV Absentee		9-6468		
YKES, ADAM BRIGG	1211 STORMS RD BLADENBORO, NC 28320	0000000080999	05/02/1980	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	571	570
MAIL	09/24/2018					N	P202		VV Absentee		9-6467		

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Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID	Num	
SYKES, MARLON B	304 VILLAGE ST # 38 BLADENBORO, NC 28320	000000061143	01/09/1957	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	546	545
MAIL	08/24/2018					N	P202	20	VV Absentee		9-6438		
SYKES, MARVIN GENE	114 MIDWAY DR BLADENBORO, NC 28320	000000055632	07/25/1958	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	545	544
MAIL	09/24/2018					N	P202	20	VV Absentee		9-6437		
THOMPSON, ALLYSON JANCIE	3238 CENTER RD BLADENBORO, NC 28320	000000060388	04/18/2000	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	494	493
MAIL	09/24/2018					N	P15		VV Absentee		9-6386		
THOMPSON, CLIFTON JERNON	3238 CENTER RD BLADENBORO, NC 28320	000000047024	05/25/1960	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	485	484
MAIL	09/24/2018					N	P16		VV Absentee		9-6385		
THOMPSON, JACK THOMAS R	79 BURNLEY RD BLADENBORO, NC 28320	000000041216	08/29/1970	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	544	543
MAIL	09/24/2018					N	P10		VV Absentee		9-6436		
ODD, MARTY ROBIN	485 SASSAFRAS RD BLADENBORO, NC 28320	000000028707	11/18/1957	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	543	542
MAIL	09/24/2018					N	P202		VV Absentee		9-6435		
YNDALL, ELLA R	208 W WALNUT ST # 6A BLADENBORO, NC 28320	000000047441	09/21/1937	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	542	541
MAIL	09/24/2018					N	P202	20	VV Absentee		9-6434		
WARD, ANDREA LAUREN	2824 TWISTED HICKORY RD ELIZABETHTOWN, NC 28337	000000056756	11/07/1988	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	541	540
MAIL	09/24/2018					N	P501		VV Absentee		9-6433		

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Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID			
WARD, BRENDA LEE	2852 TWISTED HICKORY RD ELIZABETH TOWN, NC 28337	000000020745	01/18/1960	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	538	537
MAIL	09/24/2018					N	P501		VV/Absentee		9-6432			
WARD, JERRY KENT	2852 TWISTED HICKORY RD ELIZABETH TOWN, NC 28337	000000023896	09/26/1960	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	537	536
MAIL	09/24/2018					N	P501		VV/Absentee		9-6431			
WARD, JERRY KENT JR	2824 TWISTED HICKORY RD ELIZABETH TOWN, NC 28337	000000040642	10/12/1984	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	536	535
MAIL	09/24/2018					N	P501		VV/Absentee		9-6430			
WHITE, LOUISE AULTRY	602 VILLAGE ST BLADENBORO, NC 28320	000000021830	07/19/1930	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	513	512
MAIL	09/24/2018					N	P202	20	VV/Absentee		9-6366			
MICKEL, KASEY D	3778 TWISTED HICKORY RD ELIZABETH TOWN, NC 28337	000000047205	03/03/1989	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	535	534
MAIL	09/24/2018					N	P501		VV/Absentee		9-6429			
WILKES, MONICA ALISSA	2305 GUYTON RD BLADENBORO, NC 28320	000000057122	01/28/1998	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	534	533
MAIL	09/24/2018					N	P202		VV/Absentee		9-6428			
WRIGHT, KIRBY GLENN	511 J A CARROLL RD BLADENBORO, NC 28320	000000050709	07/20/1972	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	533	532
MAIL	09/24/2018					N	P15		VV/Absentee		9-6427			

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Name of Voter	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Sort Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Mnt	Source		Request ID			
BASS, CHERYL ANN	135 COVENANT COVE BLADENBORO, NC 28320	000000056116	12/05/1971	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	592	591	
MAIL	09/25/2018						P202		VV Absentee		9-6492			
BROWN, FRANCES KINLAW	404 GRACE ST BLADENBORO, NC 28320	000000008299	11/24/1941	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	596	595	
MAIL	09/25/2018						P201	20	VV Absentee		9-6495			
CAIN, TERRY LYNN	2302 CROMARTIE RD ELIZABETHTOWN, NC 28337	000000025023	01/08/1958	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	603	602	
MAIL	09/25/2018						P501		VV Absentee		9-6502			
CALLIHAN, CHARLES WAYNE	16244 NC 131 HWY BLADENBORO, NC 28320	000000009620	03/23/1956	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	604	603	
MAIL	09/25/2018						P201		VV Absentee		9-6503			
DAVIS, VELMA	334 VICTORIA DR BLADENBORO, NC 28320	000000014575	01/23/1954	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	618	617	
MAIL	09/25/2018						P15		VV Absentee		9-6519			
JASON, CHRISTOPHER ELYNN	401 EDWARDS AVE BLADENBORO, NC 28320	000000043568	12/17/1970	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	591	590	
MAIL	09/25/2018						P202	20	VV Absentee		9-6489			
ASON, GINGER SHEA	401 EDWARDS AVE BLADENBORO, NC 28320	000000051218	06/23/1973	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	590	589	
MAIL	09/25/2018						P202	20	VV Absentee		9-6488			

Name	Address	VRN	DOB	Status	Election	Reg Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID			
EDWARDS, JERRY DWAYNE	757 BALL PARK RD BLADENBORO, NC 28320	000000030235	07/19/1978	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	589	588	
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MAIL	09/25/2018													
EDWARDS, VIRGINIA KAY	401 EDWARDS AVE BLADENBORO, NC 28320	000000047862	09/16/1953	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	588	587	
MAIL	09/25/2018													
EDWARDS, GLADYS JANE	314 5TH ST BLADENBORO, NC 28320	000000008607	11/28/1949	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	587	586	
MAIL	09/25/2018													
EDWARDS, MONNIE COX	215 BUTLER MILL RD BLADENBORO, NC 28320	000000009819	06/30/1930	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	605	604	
MAIL	09/25/2018													
EDWARDS, SAMUEL	59 LUTHER BRISSON RD BLADENBORO, NC 28320	000000051278	12/30/1982	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	606	605	
MAIL	09/25/2018													
EDWARDS, W J SR	314 5TH ST BLADENBORO, NC 28320	000000008526	04/02/1949	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	586	585	
MAIL	09/25/2018													
FELTWELL, TERESA	502 5TH ST BLADENBORO, NC 28320	000000050448	09/09/1958	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	607	606	
MAIL	09/25/2018													
GITCHEL, DARLENE MARIE	407 4TH ST BLADENBORO, NC 28320	000000060325	12/09/1950	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	622	621	
MAIL	09/25/2018													

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Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID			
GOSCHEL, THOMAS REFERENCE	407 4TH ST BLADENBORO, NC 28320	000000060328	10/17/1950	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	594	593	
MAIL	09/25/2018					N	P201	20	VV Absentee		9-6484			
GORDON, TONIA MARIE	178 BUTTERS LOOP RD BLADENBORO, NC 28320	0000000034197	02/13/1978	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	585	584	
MAIL	09/25/2018					N	P201		VV Absentee		9-6482			
HESTER, CHRISTINA MAE	55 HOLLY BRITT CT BLADENBORO, NC 28320	0000000051804	06/23/1961	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	584	583	
MAIL	09/25/2018					N	P202		VV Absentee		9-6481			
HESTER, EDWARD SPENCER	502 5TH ST BLADENBORO, NC 28320	0000000008662	06/30/1930	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	608	607	
MAIL	09/25/2018					N	P201	20	VV Absentee		9-6507			
HESTER, EVELINA SMITH	502 5TH ST BLADENBORO, NC 28320	0000000008663	10/04/1934	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	609	608	
MAIL	09/25/2018					N	P201	20	VV Absentee		9-6508			
HESTER, GENIA LUPQ	669 SUNSET PARK RD BLADENBORO, NC 28320	0000000009878	08/22/1960	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	610	609	
MAIL	09/25/2018					N	P202		VV Absentee		9-6609			
HUNT, ZACHARY CHANCE	499 EVERS RD BLADENBORO, NC 28320	0000000055507	09/20/1995	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	583	582	
MAIL	09/25/2018					N	P15		VV Absentee		9-6480			
HYATT, CHARLES ANTHONY SR	415 BERRY LEWIS RD BLADENBORO, NC 28320	0000000034208	11/22/1961	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	597	596	
MAIL	09/25/2018					N	P202		VV Absentee		9-6486			

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			Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source			Request ID		Num
HYATT, TERESA SECRETARY	MAIL	09/25/2018	415 BERRY LEWIS RD BLADENBORO, NC 28320	000000049821	02/22/1968	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	598 597
KELLY, JIMMY CECIL	MAIL	09/25/2018	19338 NC 410 HWY BLADENBORO, NC 28320	000000049847	07/30/1962	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	621 620
KINLAW, CHERYL JANE	MAIL	09/25/2018	500 CHESTNUT ST BLADENBORO, NC 28320	000000031639	05/28/1972	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	582 581
LEWIS, ELBERT GREGORY	MAIL	09/25/2018	82 LEWIS POCKET BLADENBORO, NC 28320	000000038138	12/13/1961	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	601 600
LLANO, SHAWNITA LYNETTE	MAIL	09/25/2018	1038 S BRADY PLANTATION RD COUNCIL, NC 28334	000000046776	11/26/1987	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	593 592
MUSSE, JOHN DAMIEN	MAIL	09/25/2018	115 FREEMAN ST BLADENBORO, NC 28320	000000041009	08/03/1980	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	599 598
NANCE, ELIZABETH YVONNE	MAIL	09/25/2018	2850 BURNET RD BLADENBORO, NC 28320	000000046854	10/04/1981	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	620 619
PACKER, MICHAEL CHASE	MAIL	09/25/2018	8717 NC 131 HWY BLADENBORO, NC 28320	000000090894	06/03/1997	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	581 580
	MAIL	09/25/2018									VV Absentee				

Name	Send Method	Sent Date	Address	Return Method	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
PARKER, ROBERT EARL JR	MAIL	09/25/2018	9717 NC 131 HWY BLADENBORO, NC 28320		0000000053338	07/16/1994	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		600	580	579
PARKER, MARANDA MICHELLE	MAIL	09/25/2018	138 LUTHER BRISSON RD BLADENBORO, NC 28320		0000000060993	04/21/1987	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	579	578
PARKER, REBECCA BLACKMON	MAIL	09/25/2018	303 PECAN ST # 3H BLADENBORO, NC 28320		0000000050650	12/31/1977	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	578	577
PITTMAN, KAYLA BETH	MAIL	09/25/2018	1200 S MAIN ST BLADENBORO, NC 28320		0000000058411	07/03/1998	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	611	610
PITTMAN, KIMBERLY ANNE	MAIL	09/25/2018	1200 S MAIN ST BLADENBORO, NC 28320		0000000021861	08/12/1972	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	612	611
PITTMAN, MICHAEL GREG	MAIL	09/25/2018	1200 S MAIN ST BLADENBORO, NC 28320		0000000049840	12/29/1971	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	613	612
RICH, DENNIS FLOYD	MAIL	09/25/2018	759 HOGWALLOW RD BLADENBORO, NC 28320		0000000032061	08/13/1950	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	614	613
SELLS, DENNIS ALLEN	MAIL	09/25/2018	160 SANDY RIDGE RD ELIZABETHTOWN, NC 28337		0000000045658	08/27/1978	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	577	576
	MAIL	09/25/2018															

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Silo	Machine	Ballot Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mng Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID		Num
SHAW, BILLY R.	114 MIDWAY DR BLADENBORO, NC 28320	000000047617	07/12/1967	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	595	594
MAIL	09/25/2018					N	P202	20	VV Absentee		9-6518		
SINGLETARY, DEBRA MICHELLE	415 BERRY LEWIS RD BLADENBORO, NC 28320	000000041319	08/17/1984	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	600	599
MAIL	09/25/2018					N	P202		VV Absentee		9-6499		
SMITH, ANNIE GABRIELA	363 SUNSET PARK RD BLADENBORO, NC 28320	000000051670	09/12/1992	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	615	614
MAIL	09/25/2018					N	P202		VV Absentee		9-6515		
SMITH, JOSHUA BLAKE	389 SUNSET PARK RD BLADENBORO, NC 28320	000000061094	04/12/1987	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	617	616
MAIL	09/25/2018					N	P202		VV Absentee		9-6517		
SMITH, MATTHEW DANIEL	363 SUNSET PARK RD BLADENBORO, NC 28320	000000051869	01/14/1989	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	619	615
MAIL	09/25/2018					N	P202		VV Absentee		9-6516		
SMITH, WILLIS SHAWN	303 PECAN ST # 11C BLADENBORO, NC 28320	000000060463	09/30/1971	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	579	575
MAIL	09/25/2018					N	P202	20	VV Absentee		9-6472		
SPURLING, DUSTIN DAKOTA	104 IVEY ST BLADENBORO, NC 28320	000000055488	07/17/1996	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	575	574
MAIL	09/25/2018					N	P201	20	VV Absentee		9-6471		
SPURLING, KIM M	401 IVEY ST BLADENBORO, NC 28320	000000018339	01/27/1984	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	574	573
MAIL	09/25/2018					N	P201	20	VV Absentee		9-6470		

Exhibit 4.2.1.2

Exhibit 4.2.3.1.2

Name	Address	VRN	DOB	Status	Election	Reg Type	Reg Reason	Reg Status	Reg Method	Party	Site	Machine	Ballot Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mng Dt	Is Archive	Reg Precinct	Reg Muni	Source			Request ID	Num
STORAN, WILLIAM		2385 GUYTON RD BLADENBORO, NC 28320	000000010688	06/20/1944	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	619 618
MAIL	09/25/2018					N	P202		VV Absentee			9-6520	
WRIGHT, JOANNIE FOX		6028 MARSH RD BLADENBORO, NC 28320	000000010799	02/28/1944	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	602 601
MAIL	09/25/2018					N	P202		VV Absentee			9-6501	

Total Records in report: 49

Sent
9-24-18

PRINT RESULTS LIST

ABSENTEE VOTER CORRESPONDENCE LIST

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID			
214	AUTRY, AMBRE SHALEA	204 WRIGHT ST ELIZABETHTOWN, NC 28337	000000051641	12/06/1991	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	276	276
MAIL	09/11/2018					N		P501	50	VV Absentee	9-6213			
	BALLARD, BENJAMIN	604 QUAIL ST ELIZABETHTOWN, NC 28337	000000057279	12/31/1968	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	280	280
MAIL	09/11/2018					N		P501	50	VV Absentee	9-6240			
	BALLARD, JAMES F.	208 SHORT HILLS DR TARHEEL, NC 28392	000000024986	10/06/1939	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	289	289
MAIL	09/11/2018					N		P15		VV Absentee	9-6269			
3.1	BELLOPE WILLIAMS	107 N MARVIN ST ELIZABETHTOWN, NC 28337	000000010890	06/26/1923	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	2	2
Exhibit 4	MAIL	09/11/2018				N		P501	50	VV Absentee	9-6138			
	BENTON, CURTIS TIMOTHY	246 LEE ST BLADENBORO, NC 28320	000000008212	05/04/1955	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	306	306
MAIL	09/11/2018					N		P201		VV Absentee	9-6344			
	BENTON, CURTIS TIMOTHY JR	312 PINE RIDGE CIR BLADENBORO, NC 28320	000000045025	08/02/1988	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	305	305
MAIL	09/11/2018					N		P201	20	VV Absentee	9-6343			
	BENTON, PAMELA AVANT	246 LEE ST BLADENBORO, NC 28320	000000019054	11/30/1954	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	304	304
MAIL	09/11/2018					N		P201		VV Absentee	9-6342			

Name	Send Method	Send Date	Address	Return Method	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
BEYER, JENNIFER DENISE	MAIL	09/11/2018	141 HAW BLUFF RD IVANHOE, NC 28447		000000031887	07/15/1977	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	193	193
BLACKBURN, JAMES RONNIE	MAIL	09/11/2018	7 LAND LN WHITE LAKE, NC 28337		000000021561	01/11/1953	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	180	180
BLACKBURN, KATHY MCNILLAN	MAIL	09/11/2018	7 LAND LN WHITE LAKE, NC 28337		000000051565	03/01/1955	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	178	178
BLACKBURN, WILLIAM JOSEPH	MAIL	09/11/2018	141 HAW BLUFF RD IVANHOE, NC 28447		000000034210	10/11/1955	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	275	275
BLACKMON, DONALD ELVIS	MAIL	09/11/2018	3715 US 701 HWY N ELIZABETHTOWN, NC 28337		000000060979	05/30/1974	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	97	97
BRANDH, JESSICA A	MAIL	09/11/2018	339 HARRELSON RD CLARKTON, NC 28433		000000058839	12/16/1995	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	292	292
BRITT, BILLY RAY	MAIL	09/11/2018	145 ED SESSOMS RD CLARKTON, NC 28433		000000018075	04/18/1956	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	146	146
BRITT, CAISON TITUS	MAIL	09/11/2018	985 PLEASANT GROVE CHURCH RD BLADENBORO, NC 28320		000000060977	10/02/1989	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	295	295

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Seq
Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID		Numb
BRITT, EVAN RAY	145 ED SESSOMS RD CLARKTON, NC 28433	000000038012	10/11/1982	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	121	121
MAIL	09/11/2018								VV Absentee		9-6068	000	147
BRITT, GRAHAM TYLER	145 ED SESSOMS RD CLARKTON, NC 28433	000000054353	11/25/1990	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	147	147
MAIL	09/11/2018								VV Absentee		9-6069	000	288
BROWN, JOI CASSANDRA	356 HAPPY VALLEY RD ELIZABETHTOWN, NC 28337	000000049071	03/06/1980	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	288	288
MAIL	09/11/2018								VV Absentee		9-6267	000	69
BROWN, MICHAEL THURMAN	916 JOEL ST ELIZABETHTOWN, NC 28337	000000051094	07/03/1967	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	69	69
MAIL	09/11/2018								VV Absentee		9-6309	000	282
BROWN, SHANTESE NICOLE	162 MCADAM DR ELIZABETHTOWN, NC 28337	000000047658	08/10/1989	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	282	282
MAIL	09/11/2018								VV Absentee		9-6245	000	71
BURDEN, JOANN	218 BURDEN RD TARHEEL, NC 28382	000000038968	07/07/1936	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	71	71
MAIL	09/11/2018								VV Absentee		9-6311	000	98
BURTON, BUTCH RAVEN	9004 NC 41 HWY E HARRELLS, NC 28444	000000038797	04/29/1976	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	98	98
MAIL	09/11/2018								VV Absentee		9-6015	000	99
BURTON, DONNA GAYLE	9004 NC 41 HWY E HARRELLS, NC 28444	000000034144	09/01/1978	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	99	99
MAIL	09/11/2018								VV Absentee		9-6016	000	99

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Seq
Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID		Num
MAIL	09/11/2018	218 PAGES LAKE RD ST. PAULS, NC 28384	000000003101	04/04/1956	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	7
CALIN, JOSEPH BENJAMIN III													
MAIL	09/11/2018	218 PAGES LAKE RD ST. PAULS, NC 28384	000000056381	04/07/1961	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	8
CALIN, LISA MARIE													
MAIL	09/11/2018	1860 BERRY LEWIS RD. BLADENBORO, NC 28320	000000015655	07/14/1962	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	307
CALLIHAN, WANDA KAY													
MAIL	09/11/2018	401 QUAIL ST. ELIZABETHTOWN, NC 28337	000000059524	10/02/1963	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	290
CAMPBELL, SYLVESTER M													
MAIL	09/11/2018	2810 W BROAD ST ELIZABETHTOWN, NC 28337	000000046737	08/07/1967	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	148
CANDY, HERBERT EDWARD JR													
MAIL	09/11/2018	6504 US 701 HWY N ELIZABETHTOWN, NC 28337	000000004618	10/02/1962	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	111
CARDER, RALPH CHANCY JR													
MAIL	09/11/2018	204 WRIGHT ST # 2A ELIZABETHTOWN, NC 28337	000000054416	09/24/1992	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	279
CLARK, SHONTELLA DEMETRICE													
MAIL	09/11/2018	1209 MARTIN LUTHER KING DR ELIZABETHTOWN, NC 28337	000000011082	03/01/1936	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	278
CLEMMONS, BLANCHIE													
MAIL	09/11/2018												

Name	Address	VRN	DOB	Status	Election	Reg Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Manl	Source		Request ID			
COOK, TRACY LACERN	301 HORNE ST ELIZABETHTOWN, NC 28337	000000056099	10/29/1976	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	150	150	
MAIL	09/11/2018													
CODER, KEVIN ONEAL	1414 RIVER RD WHITE OAK, NC 28389	000000057417	07/30/1986	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	192	192	
MAIL	09/11/2018													
CORBETT, DEWAYNE	2030 WHITE OAK RD KELLY, NC 28448	000000060913	02/07/1980	A	11/06/2018	MILITARY	NO EXCUSE	VALID	E-MAIL	DEM	000	453	1	
E-MAIL	09/11/2018													
COUNCIL, TIMOTHY EUGENE	12437 NC 87 HWY W TAR HEEL, NC 28392	000000044139	12/21/1967	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	287	287	
MAIL	09/11/2018													
COX, JAMES DENNIS JR	315 HOMER DR ELIZABETHTOWN, NC 28337	000000055033	03/15/1988	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	151	151	
MAIL	09/11/2018													
CROMARTIE, BERNADETTE WOOTEN	78 POMPIE RD ELIZABETHTOWN, NC 28337	000000018946	06/02/1968	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	286	286	
MAIL	09/11/2018													
CROMARTIE, CYNTHIA	74 POMPIE RD ELIZABETHTOWN, NC 28337	000000040463	03/21/1963	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	78	78	
MAIL	09/11/2018													
CROMARTIE, HILDA FAYE ALLISON	808 BLUE ST ELIZABETHTOWN, NC 28337	000000046291	06/01/1961	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	50	50	
MAIL	09/11/2018													

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mng Dt	Is Archive	Reg Precinct	Reg Mngt	Source		Request ID			
CRM	MARTIE, LEO THOMAS	78 POMPLE RD ELIZABETHTOWN, NC 28337	000000029592	10/26/1964	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	285	285
MAIL	09/11/2018													
CRM	CRISTAL LAVON	82 MCADAM DR ELIZABETHTOWN, NC 28337	000000060714	12/20/1985	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	284	284
MAIL	09/11/2018													
CRM	CRUMBA, JOJONDA LATRICE	1209 MCLEAN ST ELIZABETHTOWN, NC 28337	000000040809	07/06/1983	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	281	281
MAIL	09/11/2018													
MAIL	DAVIS, BRITTANY DENISE	510 MERCER MILL RD # 2 ELIZABETHTOWN, NC 28337	000000056916	08/18/1990	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	73	73
MAIL	09/11/2018													
MAIL	DAVIS CARL RICHARD	121 DAVIS FARM RD ST. PAULS, NC 28384	000000022567	05/12/1965	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	104	104
MAIL	09/11/2018													
MAIL	DAVIS, DEBORAH SMITH	1563 TAR HEEL RD TAR HEEL, NC 28392	000000049883	03/12/1961	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	126	126
MAIL	09/11/2018													
MAIL	DAVIS, JACQUELYN OLIVIA	141 J C RD WHITE OAK, NC 28398	000000031510	02/06/1951	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	4	4
MAIL	09/11/2018													
MAIL	DAVIS, KELLY DIANNA	1357 TAR HEEL RD TAR HEEL, NC 28392	000000047178	07/02/1978	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	129	129
MAIL	09/11/2018													
MAIL														

Name	Address	VRN	DOB	Status	Election	Reg Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID			
DAVIS, LARRY DEAN	68 MINES CREEK RD ST. PAULS, NC 28384	000000060952	05/16/1958	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	9-6020	000	102	102
MAIL	09/11/2018					N	P60		VV Absentee					
DAVIS, LINDA PAUL	68 MINES CREEK RD ST. PAULS, NC 28384	000000022709	12/05/1957	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	9-6021	000	103	103
MAIL	09/11/2018					N	P60		VV Absentee					
DAVIS, PATRICIA GAIN	103 MINES CREEK RD ST. PAULS, NC 28384	000000003228	12/21/1935	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	9-6021	000	297	297
MAIL	09/11/2018					N	P60		VV Absentee					
DAVIS, RICKY LEE	1525 TAR HEEL RD TAR HEEL, NC 28392	000000017950	02/23/1980	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	9-6037	000	131	131
MAIL	09/11/2018					N	P60		VV Absentee					
DAVIS, RONNIE	1568 TAR HEEL RD TAR HEEL, NC 28392	000000057848	09/30/1976	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	9-6049	000	132	132
MAIL	09/11/2018					N	P60		VV Absentee					
DAVIS, STEVEN D	801 CAMPBELL RD CLARKTON, NC 28433	000000060959	02/06/1975	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	9-6050	000	269	269
MAIL	09/11/2018					N	P25		VV Absentee					
DELLINGER, ALLISON	1394 BAY TREE DR HARRRELLS, NC 28444	000000057789	03/19/1994	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	9-6117	000	64	64
MAIL	09/11/2018					N	P65		VV Absentee					
DENKINS, RAMA MCDUFFIE	1708 MARTIN LUTHER KING DR ELIZABETH TOWN, NC 28337	000000020132	10/03/1953	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	9-6304	000	36	36
MAIL	09/11/2018					N	P501	50	VV Absentee					

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID			
DRAYTON, KIRSTEN	15189 NC 53 HWY W WHITE OAK, NC 28399	000000060955	04/08/1973	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	9-6124	000	272	272
MAIL	09/11/2018					N	P60		VV Absentee					
DRAYTON, NELLIE BRYAN	734 PAUL BRISSON RD BLADENBORO, NC 28320	00000006368	09/08/1927	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	9-6124	000	301	301
MAIL	09/11/2018					N	P16		VV Absentee		9-6339			
DOYLE, BRIANNA AUTUMN	1357 TAR HEEL RD TAR HEEL, NC 28382	000000059528	11/04/1997	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	134	134
MAIL	09/11/2018					N	P60		VV Absentee		9-6051			
DRAKE, DAYSHA MONIQUE	204 WRIGHT ST # 13B ELIZABETHTOWN, NC 28337	000000061034	12/24/1995	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	294	294
MAIL	09/11/2018					N	P501	50	VV Absentee		9-6302			
DRAYTON, DESTANE LESHIA	507 MARTIN ST ELIZABETHTOWN, NC 28337	000000061041	12/16/1986	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	293	293
MAIL	09/11/2018					N	P501	50	VV Absentee		9-6287			
DRAYTON, HORACE	38 GEORGE W KELLY RD CLARKTON, NC 28433	000000054820	03/08/1951	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	22	22
MAIL	09/11/2018					N	P25	25	VV Absentee		9-6160			
DRAYTON, JOHNNY MATTHEW	110 E NORTH RAILROAD ST CLARKTON, NC 28433	000000049146	03/22/1971	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	25	25
MAIL	09/11/2018					N	P25	25	VV Absentee		9-6163			
DRAYTON, LUBERTHA LEWIS	38 GEORGE W KELLY RD CLARKTON, NC 28433	000000015786	02/08/1953	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	291	291
MAIL	09/11/2018					N	P25	25	VV Absentee		9-6283			

Name	Address	VRN	DOB	Status	Election	Reg Type	Reg Reason	Reg Status	Reg Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID			
DUNN, KATHLEEN	304 EMMA ST ELIZABETHTOWN, NC 28337	000000011231	11/28/1945	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	40	40	
MAIL 09/11/2018														
EDGE, ANITA CARSON	2202 FIRST AVE ELIZABETHTOWN, NC 28337	000000014055	07/21/1954	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	171	171	
MAIL 09/11/2018														
EDGE, JASPER WAYNE	2202 FIRST AVE ELIZABETHTOWN, NC 28337	000000013175	05/31/1949	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	172	172	
MAIL 09/11/2018														
EDGE, KATHRYN KING	33 MORGANWOOD ESTATES DR ELIZABETHTOWN, NC 28337	000000045038	05/04/1987	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	173	173	
MAIL 09/11/2018														
EDGE, MARCUS WAYNE	33 MORGANWOOD ESTATES DR ELIZABETHTOWN, NC 28337	000000042624	04/03/1986	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	174	174	
MAIL 09/11/2018														
EDGE, PATSY ANN	208 MERCER MILL RD # 25 ELIZABETHTOWN, NC 28337	000000059468	12/24/1963	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	277	277	
MAIL 09/11/2018														
ENGLISH, DAN JUNIOR SR	15731 NC 53 HWY W WHITE OAK, NC 28399	000000049807	12/14/1946	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	271	271	
MAIL 09/11/2018														
ENGLISH, ELIZABETH ANN	15731 NC 53 HWY W WHITE OAK, NC 28399	000000049938	11/13/1947	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	268	268	
MAIL 09/11/2018														

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID		Num
FISHER, CHRYS TAL MARIE	1123 NC 20 HWY ST. PAULS, NC 28384	000000056051	02/17/1977	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	9-6018	000	101
MAIL 09/11/2018						N	P60		VV Absentee				
FISHER, WALTON DREW	265 MORGANWOOD ESTATES DR ELIZABETH TOWN, NC 28337	000000056318	03/08/1985	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	9-6045	000	124
MAIL 09/11/2018						N	P501		VV Absentee				
FISHER, WILL BEASLEY	404 HAYFIELD ST ELIZABETH TOWN, NC 28337	000000051052	05/31/1991	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	9-6048	000	125
MAIL 09/11/2018						N	P501		VV Absentee				
FOWLER, BRANDON KYLE	404 W SWANZY ST ELIZABETH TOWN, NC 28337	000000060853	09/17/1991	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	9-6074	000	153
MAIL 09/11/2018						N	P501		VV Absentee				
GASKINS, MARY ANN ONEAL	209 MERCER MILL RD # 2C ELIZABETH TOWN, NC 28337	000000054163	12/04/1959	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	9-6322	000	81
MAIL 09/11/2018						N	P502		VV Absentee				
GILL, JAMES ROBERT JR	205 E GILL ST ELIZABETH TOWN, NC 28337	000000042166	11/25/1969	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	9-6258	000	267
MAIL 09/11/2018						N	P601		VV Absentee				
GILLET LAND, DIANNE	159 TIGLE ST # 42 WHITE LAKE, NC 28337	000000059604	04/08/1957	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	9-6102	000	181
MAIL 09/11/2018						N	P40		VV Absentee				
GILLET LAND, WILLIAM	32 WOMACK WAY WHITE LAKE, NC 28337	000000058877	12/23/1950	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	9-6103	000	182
MAIL 09/11/2018						N	P40		VV Absentee				

Exhibit 4.2

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precheck	Reg Mntl	Source		RequestID			
GILLESPIE, DOLLIE JEAN	372 BROWNS CREEK CHURCH RD ELIZABETHTOWN, NC 28337	000000024469	11/25/1965	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	296	296
GOMES, ALEXANDER DINO	10898 S COLLEGE ST # 36 CLARKTON, NC 28433	000000058567	10/30/1998	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	84	84
GOODIN, MARY DAVENPORT	45 WOMACK WAY # L48 WHITE LAKE, NC 28337	000000032866	01/02/1948	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	190	190
GOODWIN, JULIA HALL	404 WOODLAND DR ELIZABETHTOWN, NC 28337	000000011428	08/01/1980	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	168	168
GOODWIN, ROBERT DANE	404 WOODLAND DR ELIZABETHTOWN, NC 28337	000000045026	02/14/1988	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	170	170
GORE, VALERIE LARETTA	75 FLORENCE DR ELIZABETHTOWN, NC 28337	000000018864	03/12/1966	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	62	62
GRAHAM, DEBORAH HENRY	2188 US 701 HWY N ELIZABETHTOWN, NC 28337	0000000024829	12/02/1968	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	79	79
GRAHAM, DORRELL ANTONIO	948 WILLARD TATUM RD ELIZABETHTOWN, NC 28337	000000054087	05/01/1989	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	26	26

Name	Send Method	Send Date	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
GRAN, LEDELL SR	MAIL	09/11/2018	2188 US 701 HWY N ELIZABETHTOWN, NC 28337	000000048725	09/21/1989	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	265	265
GREEN, BETTY ELIZABETH	MAIL	09/11/2018	688 OLD NC 20 RD ST. PAULS, NC 28384	000000048058	03/09/1948	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	100	100
GREEN, DANIEL GRADY JR	MAIL	09/11/2018	688 OLD NC 20 RD ST. PAULS, NC 28384	000000045941	08/19/1944	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	145	145
GRIFIN, VARONICE TICELLE EMMA	MAIL	09/11/2018	204 WRIGHT ST # D25 ELIZABETHTOWN, NC 28337	000000056836	06/16/1983	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	264	264
GRIMES, LAURA VIRGINIA	MAIL	09/11/2018	44 HOLIDAY RESORT LN WHITE LAKE, NC 28337	000000006549	09/03/1948	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	107	107
GUNTHER, JONATHAN CHARLES	MAIL	09/11/2018	1190 BLADEN UNION CHURCH RD FAYETTEVILLE, NC 28306	000000006044	04/23/1987	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	144	144
GUNTHER, KENDALL HEDGEPEETH	MAIL	09/11/2018	1190 BLADEN UNION CHURCH RD FAYETTEVILLE, NC 28306	000000047433	01/27/1987	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	130	130
HALL, JASMINE DESIRE	MAIL	09/11/2018	703 SOUTH HILL ST ELIZABETHTOWN, NC 28337	000000006038	03/23/1989	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	263	263
	MAIL	09/11/2018				N			P60	50	VV Absentee			9-6300		

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Send Method	Sort Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID			
HALL, LISA TIMA	372 BROWNS CREEK CHURCH RD ELIZABETHTOWN, NC 28337	000000052905	11/27/1990	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	89	89	
MAIL	09/11/2018					N	P501		VV Absentee		9-6331			
HALL, PRECIOUS NICOLE	372 BROWNS CREEK CHURCH RD ELIZABETHTOWN, NC 28337	000000055973	08/23/1996	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	262	262	
MAIL	09/11/2018					N	P501		VV Absentee		9-6222			
HALL, VANESSA DENISE	803 WILLIAMS ST ELIZABETHTOWN, NC 28337	000000054335	11/27/1990	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	261	261	
MAIL	09/11/2018					N	P501		VV Absentee		9-6292			
HARRISON, DIANE SHURSON K	1429 CROMARTIE RD ELIZABETHTOWN, NC 28337	000000024791	03/18/1960	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	154	154	
MAIL	09/11/2018					N	P501		VV Absentee		9-6075			
HATZLER, BARBARA ANN JENETTE	109 GLENWOOD DR ELIZABETHTOWN, NC 28337	000000011405	08/15/1935	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	155	155	
MAIL	09/11/2018					N	P501		VV Absentee		9-6076			
HAYES, VIRGINIA SNYDER	125 HARRELSON RD CLARKTON, NC 28433	000000036761	06/02/1959	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	175	175	
MAIL	09/11/2018					N	P502		VV Absentee		9-6097			
HEATH, ERIC JACKSON	141 WOMACK WAY WHITE LAKE, NC 28337	000000056473	10/01/1982	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	183	183	
MAIL	09/11/2018					N	P40		VV Absentee		9-6104			
HEATH, TRACY KENDALL	91 MOBILE DR CLARKTON, NC 28433	000000038965	09/26/1960	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	260	260	
MAIL	09/11/2018					N	P502		VV Absentee		9-6128			

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Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID		Num
HEIDRICK, KELLY N	1568 TAR HEEL RD TAR HEEL, NC 28392	000000057623	09/11/1990	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	299	299
MAIL	09/11/2018					N	P60		VV Absentee		9-6052		
HENNY, PAMELA VENEER	282 MCADAM DR ELIZABETHTOWN, NC 28337	000000019817	02/01/1967	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	259	259
MAIL	09/11/2018					N	P501		VV Absentee		9-6259		
HESSLER, LEO GRAYDON JR	8 LAND LN WHITE LAKE, NC 28337	000000058790	11/10/1944	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	184	184
MAIL	09/11/2018					N	P40	40	VV Absentee		9-6105		
HESSLER, PATRICIA RENEE	37 LAND LN # 9 WHITE LAKE, NC 28337	000000059637	09/17/1966	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	195	195
MAIL	09/11/2018					N	P40	40	VV Absentee		9-6108		
HESSLER, EDNA GRAY	1566 HORSESHOE RD BLADENBORO, NC 28320	000000036596	03/06/1953	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	156	156
MAIL	09/11/2018					N	P501		VV Absentee		9-6077		
Exhibit 4.2													
HIGH, MARKUS DEONTEZ	401 QUAIL ST ELIZABETHTOWN, NC 28337	000000053546	12/03/1983	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	77	77
MAIL	09/11/2018					N	P501	50	VV Absentee		9-6318		
HIGHSMITH, TERESA GARDNER	1024 SLEEPY CREEK DR HARRRELLS, NC 28444	000000048362	11/03/1996	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	186	186
MAIL	09/11/2018					N	P40		VV Absentee		9-6107		
HILL, ELIZABETH	10769 S COLLEGE ST # 2F CLARKTON, NC 28433	000000056546	05/27/1961	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	258	258
MAIL	09/11/2018					N	P25	25	VV Absentee		9-6244		

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Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mng Dt	Is Archive	Reg Precinct	Reg Mtrl	Source		Request ID			
JAMES, HARVEY HOWARD	54 WOMACK WAY # 25 WHITE LAKE, NC 28337	000000046688	07/25/1942	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	192	192	162
MAIL	09/11/2018					N	P40	40	VV Absentee		9-6109			
JESSUP, CHARLES MICHAEL	50 LEWIS-MCOWEN DR WHITE OAK, NC 28399	000000015660	03/19/1963	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	51	51	51
MAIL	09/11/2018					N	P35		VV Absentee		9-6192			
JESSUP, JAQUEL RASHAWN	5504 NC 53 HWY W WHITE OAK, NC 28399	000000057399	02/05/1998	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	64	64	64
MAIL	09/11/2018					N	P35		VV Absentee		9-6195			
JESSUP, LISA KAY	5504 NC 53 HWY W WHITE OAK, NC 28399	000000002178	10/23/1961	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	55	55	55
MAIL	09/11/2018					N	P35		VV Absentee		9-6196			
JOHNSON, JEREMY OCCORVA	489 BOOKER T WASHINGTON SCHOOL RD CLARKTON, NC 28433	000000061037	10/01/1984	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	266	266	266
MAIL	09/11/2018					N	P25		VV Absentee		9-6286			
JOHNSON, RANDY LEE	10008 NC 41 HWY E HARRILLS, NC 28444	000000060068	10/24/1974	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	106	106	106
MAIL	09/11/2018					N	P40		VV Absentee		9-6025			
JONES, ANTHONY DUEVONNE	209 MERCER MILL RD # 1L ELIZABETHTOWN, NC 28337	000000022073	10/10/1985	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	75	75	75
MAIL	09/11/2018					N	P502	50	VV Absentee		9-6316			
JONES, JAMES GARY	319 PRINCESS LN ELIZABETHTOWN, NC 28337	000000058754	07/18/1961	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	17	17	17
MAIL	09/11/2018					N	P35		VV Absentee		9-6154			

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JONES, JOHN ELMO	MAIL	09/11/2018	10759 S COLLEGE ST # 1D CLARKTON, NC 28433	000000051209	10/06/1939	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	90	90	
JONES, QUINTINA FRANGAY	MAIL	09/11/2018	209 MERCER MILL RD # 1N ELIZABETHTOWN, NC 28337	000000045380	09/09/1978	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	82	82	
KILPATRICK, TONY NEQUANIS	MAIL	09/11/2018	108 SAND PIT RD ELIZABETHTOWN, NC 28337	000000049681	11/20/1986	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	31	31	
KINLAW, ELLA F	MAIL	09/11/2018	1028 HORSESHOE RD BLADENBORO, NC 28320	000000060957	11/15/1954	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	149	149	
KINLAW, JANET M	MAIL	09/11/2018	1804 W BROAD ST ELIZABETHTOWN, NC 28337	000000060980	01/15/1952	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	157	157	
KINLAW, SANTANNA MARIE	MAIL	09/11/2018	1028 HORSESHOE RD BLADENBORO, NC 28320	000000056741	07/02/1999	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	138	138	
LEACH, ANNA MARIA	MAIL	09/11/2018	147 IDAS LN CLARKTON, NC 28433	000000007032	05/28/1960	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	23	23	
LEACH, BERNARD	MAIL	09/11/2018	209 MERCER MILL RD # 1-P ELIZABETHTOWN, NC 28337	000000040763	07/06/1952	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	255	255	
MAIL		09/11/2018				N			P502	50	VV Absentee		9-6233			

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LEE, BRENDA SHIPMAN	MAIL	09/11/2018	145 IDAS LN CLARKTON, NC 28433		000000013874	01/03/1953	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	15	15			
LEE, DASIA S.	MAIL	09/11/2018	1089 S COLLEGE ST # 44 CLARKTON, NC 28433		000000045901	01/30/1988	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	254	254			
LEACH, WINSTON LARUE	MAIL	09/11/2018	145 IDAS LN CLARKTON, NC 28433		000000035300	04/18/1951	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	47	47			
LEE, LAURA ANN	MAIL	09/11/2018	36 GEORGE W KELLY RD CLARKTON, NC 28433		000000031282	09/09/1963	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	24	24			
LEE, MONIQUE	MAIL	09/11/2018	209 MERCER MILL RD # 2B ELIZABETHTOWN, NC 28337		000000054730	08/29/1972	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	253	253			
LEE, TONTGA TERALL	MAIL	09/11/2018	310 W GILL ST ELIZABETHTOWN, NC 28337		000000027235	01/18/1972	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	46	46			
LEWIS, CAROLYN ANN	MAIL	09/11/2018	8887 NC 41 HWY E HARRRELLS, NC 28444		000000004883	05/24/1953	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	113	113			
LEWIS, CHARLES LEE SR	MAIL	09/11/2018	8887 NC 41 HWY E HARRRELLS, NC 28444		000000004984	03/22/1953	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	114	114			
MAIL		09/11/2018					N				P40		VV Absentee	9-6035					

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Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID			
LEWIS, CLEO	1204 LEWIS ST ELIZABETHTOWN, NC 28337	000000043098	06/11/1946	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	252	252	252
MAIL	09/11/2018													
LEWIS, DAVID JR	404 QUAIL ST ELIZABETHTOWN, NC 28337	000000048573	07/10/1972	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	251	251	251
MAIL	09/11/2018													
LEWIS, JANICE KEMP	21 BLUE MOON DR ELIZABETHTOWN, NC 28337	000000022026	06/29/1954	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	250	250	250
MAIL	09/11/2018													
LEWIS, KELSEY RAE	1526 TAR HEEL RD TAR HEEL, NC 28382	000000060283	11/08/1996	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	135	135	135
MAIL	09/11/2018													
LEWIS, MONICA R	404 QUAIL ST ELIZABETHTOWN, NC 28337	000000048473	11/16/1973	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	249	249	249
MAIL	09/11/2018													
LEWIS, NAKKIA CHANNELL	21 BLUE MOON DR ELIZABETHTOWN, NC 28337	000000043620	11/29/1983	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	248	248	248
MAIL	09/11/2018													
LEWIS, ODELL	21 BLUE MOON DR ELIZABETHTOWN, NC 28337	000000052938	10/08/1950	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	80	80	80
MAIL	09/11/2018													
LEWIS, STACY LEE JR	320 BROWNS CREEK CHURCH RD ELIZABETHTOWN, NC 28337	000000054879	12/31/1994	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	247	247	247
MAIL	09/11/2018													

Name	Address	VRN	DOB	Status	Election	Reg Type	Reg Reason	Reg Status	Reg Method	Party	Site	Machine	Ballot Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mng Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID		Num
LLOYD, OCTAVIAN AMANT	204 WRIGHT ST # 34E ELIZABETH TOWN, NC 28337	0000000060624	02/26/1999	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	246
MAIL													
LEWIS, ELLEN TAYLOR	40 WOMACK WAY WHITE LAKE, NC 28337	000000059545	03/19/1947	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	165
MAIL													
LUCAS, JOHN AUGUSTUS	40 WOMACK WAY WHITE LAKE, NC 28337	000000059543	10/10/1944	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	176
MAIL													
MATHIS, NIKKI PLESHETTE	918 JOEL ST ELIZABETH TOWN, NC 28337	000000025530	01/21/1976	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	67
MAIL													
MATTSBY, CLARA MCKOY	305 SWANZY RIDGE WAY # 103 ELIZABETH TOWN, NC 28337	000000016475	09/06/1946	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	245
MAIL													
MATTSBY, JOHN CLARENCE	305 SWANZY RIDGE WAY # 103 ELIZABETH TOWN, NC 28337	000000014956	05/26/1945	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	86
MAIL													
MCCALLISTER, BOBBY W	44 GEORGE W KELLY RD CLARKTON, NC 28433	000000045063	03/14/1956	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	244
MAIL													
MCCALLISTER, CASANDRA DENISE	44 GEORGE W KELLY RD CLARKTON, NC 28433	000000037928	01/05/1977	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	243
MAIL													

Name	Send Method	Sent Date	Address	Return Method	Return Status	VRN	DOB	Return Dt	Status	Election	Reg Type	Is Archival	Reg Reason	Reg Status	Reg Method	Party	Site	Machine	Ballot Num	Seq
MCALLISTER, GAYLE			44 GEORGE W KELLY RD CLARKTON, NC 28433		000000015787	03/26/1959	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	242	242				
MAIL		09/11/2018																		
MC DONNELL, CARL E JR			37 PEARCE PL WHITE LAKE, NC 28337		000000060987	07/28/1956	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	188	188				
MAIL		09/11/2018																		
MC DOWELL, BRANDON DEON			815 BROWNS CREEK CHURCH RD ELIZABETH TOWN, NC 28337		000000055974	11/28/1985	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	241	241				
MAIL		09/11/2018																		
MC DOWELL, MARGARET ANN			320 BROWNS CREEK CHURCH RD ELIZABETH TOWN, NC 28337		000000022475	12/10/1960	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	240	240				
MAIL		09/11/2018																		
MC DOWELL, ROBERT L			815 BROWNS CREEK CHURCH RD ELIZABETH TOWN, NC 28337		000000065618	09/12/1959	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	239	239				
MAIL		09/11/2018																		
MC DOWELL, RUTH HELEN			377 BROWNS CREEK CHURCH RD ELIZABETH TOWN, NC 28337		000000022552	05/04/1957	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	303	303				
MAIL		09/11/2018																		
MC DUFFIE, WILBUR DEVON			172 IDAMS LN CLARKTON, NC 28433		000000057129	06/18/1962	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	45	45				
MAIL		09/11/2018																		
MC GUINNESS, JAMES PATRICK			306 GOODEN ST ELIZABETH TOWN, NC 28337		000000018810	10/27/1953	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	9	9				
MAIL		09/11/2018																		

Name	Address	VRN	DOB	Status	Election	Reg Type	Reg Reason	Reg Status	Reg Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID			
MCQUINN, JAMES RICK II	306 GOODEN ST ELIZABETHTOWN, NC 28337	000000041991	12/18/1984	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	10	10	
MAIL	09/11/2018													
MCQUINN, KELLY MARIE	306 GOODEN ST ELIZABETHTOWN, NC 28337	000000043165	08/13/1986	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	11	11	
MAIL	09/11/2018													
MCINTYRE, MILTON JEROME JR	817 FOX ST ELIZABETHTOWN, NC 28337	000000050135	10/21/1975	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	41	41	
MAIL	09/11/2018													
MCINTYRE, MILTON JEROME SR	917 FOX ST ELIZABETHTOWN, NC 28337	000000044924	01/23/1953	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	21	21	
MAIL	09/11/2018													
MCIVER, DEGEE SHERON DR	1708 MARTIN LUTHER KING ELIZABETHTOWN, NC 28337	000000036771	08/10/1973	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	35	35	
MAIL	09/11/2018													
MCIVER, ASHLEY SADE	204 WRIGHT ST #27 ELIZABETHTOWN, NC 28337	000000059455	02/13/1986	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	238	238	
MAIL	09/11/2018													
MCIVER, GREGORY MESHE	42 PEARL LLOYD RD WHITE OAK, NC 28389	000000049388	02/11/1988	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	56	56	
MAIL	09/11/2018													
MCIVER, JACQUELINE HAIR	42 PEARL LLOYD RD WHITE OAK, NC 28389	000000047047	08/30/1963	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	53	53	
MAIL	09/11/2018													

Name	Send Method	Sent Date	Address	Return Method	Return Status	VRN	DOB	Return Dt	Status	Election	Req Type	Req Reason	Req Status	Reg Method	Party	Site	Machine	Ballot Num	Seq
MCKIVER, JAYON	MAIL	09/11/2018	658 AVENUE AVE WHITE OAK, NC 28399		000000061040	02/28/1999	A	11/08/2018	CIVILIAN		NO EXCUSE	VALID	MAIL	DEM	000	237	237		
MCKIVER, MARY ANN	MAIL	09/11/2018	658 AVENUE AVE WHITE OAK, NC 28399		000000041145	07/22/1965	A	11/06/2018	CIVILIAN		NO EXCUSE	VALID	MAIL	DEM	000	57	57		
MCKIVER, MICHAEL C SR	MAIL	09/11/2018	268 SAND PIT RD ELIZABETHTOWN, NC 28337		000000034220	09/06/1959	A	11/06/2018	CIVILIAN		NO EXCUSE	VALID	MAIL	DEM	000	19	19		
MCKIVER, PHILIP RICARDO	MAIL	09/11/2018	909 MOUTRIE LN ELIZABETHTOWN, NC 28337		000000056644	09/20/1974	A	11/06/2018	CIVILIAN		NO EXCUSE	VALID	MAIL	DEM	000	52	52		
MCKOY, CYNTHIA ANN	MAIL	09/11/2018	10898 S COLLEGE ST # 6 CLARKTON, NC 28433		000000039841	01/04/1963	A	11/06/2018	CIVILIAN		NO EXCUSE	VALID	MAIL	DEM	000	85	85		
MCKOY, DEWAYNE	MAIL	09/11/2018	706 RICHARDSON ST ELIZABETHTOWN, NC 28337		000000031831	01/31/1979	A	11/08/2018	CIVILIAN		NO EXCUSE	VALID	MAIL	DEM	000	236	236		
MCKOY, JOSEPH C	MAIL	09/11/2018	815 FOX ST ELIZABETHTOWN, NC 28337		000000001699	03/26/1947	A	11/06/2018	CIVILIAN		NO EXCUSE	VALID	MAIL	DEM	000	70	70		
MCKOY, MARGARET LEWIS	MAIL	09/11/2018	815 FOX ST ELIZABETHTOWN, NC 28337		000000001851	06/21/1960	A	11/06/2018	CIVILIAN		NO EXCUSE	VALID	MAIL	DEM	000	68	68		

Name	Address	VRN	DOB	Status	Election	Reg Type	Reg Reason	Reg Status	Reg Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID			
MCKOY, PEARLIE RIGANS	218 BURDEN RD TARHEEL, NC 28392	000000060096	11/19/1964	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	235	235	
MAIL	09/11/2018								VV Absentee		9-6301			
MCKOY, RONTE DAYWUAN	468 AVENUE AVE WHITE OAK, NC 28399	000000054827	10/26/1990	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	48	48	
MAIL	09/11/2018								VV Absentee		9-6188			
MCKOY, SELENA L	1209 MARTIN LUTHER KING DR ELIZABETHTOWN, NC 28337	000000011558	01/08/1959	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	234	234	
MAIL	09/11/2018								VV Absentee		9-6235			
MCKOY, TERESA VOE	132 BLUE MOON DR ELIZABETHTOWN, NC 28337	000000050299	08/17/1958	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	233	233	
MAIL	09/11/2018								VV Absentee		9-6246			
MCKIMB, RONNIE	1028 HORSESHOE RD BLADENBORO, NC 28320	000000050916	03/07/1950	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	158	158	
MAIL	09/11/2018								VV Absentee		9-6061			
MCKIN, NAETWAN CHARLES	658 AVENUE AVE WHITE OAK, NC 28399	000000054339	11/13/1989	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	58	58	
MAIL	09/11/2018								VV Absentee		9-6200			
MCLEOD, NEFERITTI SAPHIRA	377 FRANK MELVIN RD ELIZABETHTOWN, NC 28337	000000056390	02/21/1991	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	18	18	
MAIL	09/11/2018								VV Absentee		9-6155			
MCNILLIAN, CHRISTOPHER STANLEY	1703 MARTIN LUTHER KING DR ELIZABETHTOWN, NC 28337	000000049464	12/12/1977	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	38	38	
MAIL	09/11/2018								VV Absentee		9-6178			

Name	Send Method	Sent Date	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	\$eq
McMILLIAN, SHERIS BETTE			701 RICHARDSON ST # D1 ELIZABETHTOWN, NC 28337	000000047142	03/12/1981	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	39	39
MAIL		09/11/2018														
McMILLIAN, KAREN AUTRY			195 HICKORY HILL DR ELIZABETHTOWN, NC 28337	000000017718	11/25/1952	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	116	116
MAIL		09/11/2018														
McPHAIL, TERRY M			195 HICKORY HILL DR ELIZABETHTOWN, NC 28337	000000016192	11/02/1949	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	105	105
MAIL		09/11/2018														
MELVIN, SAMUEL DARRELL			42 SAND PIT RD ELIZABETHTOWN, NC 28337	000000057319	02/25/1981	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	33	33
MAIL		09/11/2018														
MERRITT, AMY ELIZABETH			8906 NC 41 HWY E HARRELLS, NC 28444	000000024000	07/29/1974	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	115	115
MAIL		09/11/2018														
MERRITT, CHRISTIE MOODY			3715 US 701 HWY N ELIZABETHTOWN, NC 28337	000000060974	01/04/1968	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	91	91
MAIL		09/11/2018														
MERRITT, IVY BENJAMIN			8906 NC 41 HWY E HARRELLS, NC 28444	000000032097	08/13/1979	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	93	93
MAIL		09/11/2018														
MERRITT, KAY FRANCES BILUPS			8034 NC 41 HWY E HARRELLS, NC 28444	000000004925	11/14/1964	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	109	109
MAIL		09/11/2018														

Name	Send Method	Sort Date	Address	DOE	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Seq
			Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID		Num
MERRITT, LAUREN TRACI	MAIL	09/11/2018	8906 NC 41 HWY E HARRRELLS, NC 28444	000000058085	02/03/1998	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	94
MERRITT, LINDA GAIL	MAIL	09/11/2018	11719 US 701 HWY N GARLAND, NC 28441	000000014109	07/26/1952	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	110
MERRITT, PERRY F	MAIL	09/11/2018	9034 NC 41 HWY E HARRRELLS, NC 28444	000000004930	08/19/1949	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	108
MERRITT, TINA GAYLE	MAIL	09/11/2018	9074 NC 41 HWY E HARRRELLS, NC 28444	000000032112	10/15/1974	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	95
MITCHELL, FELICIA A	MAIL	09/11/2018	8140 NC 63 HWY W WHITE OAK, NC 28389	000000049177	10/28/1985	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	92
MONTGOMERY, ALEXIS CELESTE	MAIL	09/11/2018	204 WRIGHT ST # 9B ELIZABETH TOWN, NC 28337	000000056978	11/26/1996	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	232
MONTGOMERY, MICHAEL ANTHONY	MAIL	09/11/2018	65 GULF STREAM DR ELIZABETH TOWN, NC 28337	000000044314	04/08/1980	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	61
MONTGOMERY, CHARLES ANTHONY	MAIL	09/11/2018	62 MONTGOMERY RD CLARKTON, NC 28433	000000048921	04/13/1984	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	72

Name	Send Method	Send Date	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
OWEN, JOYCE ALMA			12909 NC 53 HWY W WHITE OAK, NC 28389	000000024079	06/07/1991	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	225	225
MAIL		09/11/2018						N	P80		VV Absentee				9-6121	
PARKS, PAUL HENRY			973 HORSESHOE RD BLADENBORO, NC 28320	000000023398	10/29/1986	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	128	128
MAIL		09/11/2018						N	P501		VV Absentee				9-6082	
PEARSON, NIGERIA SHAWER			310 W GILL ST ELIZABETHTOWN, NC 28337	000000059775	08/20/1998	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	56	59
MAIL		09/11/2018						N	P501		VV Absentee				9-6202	
PEAVEY, MARKHAM DANIEL			68 MINES CREEK RD ST. PAULS, NC 28384	000000060948	01/18/1987	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	133	133
MAIL		09/11/2018						N	P60		VV Absentee				9-6058	
PERFORD, SAMANTHA MAYNE			1010 JAMES ST ELIZABETHTOWN, NC 28337	000000057842	09/10/1989	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA		000	14	14
MAIL		09/11/2018						N	P501		VV Absentee				9-6150	
Exhibit 4 PONE, EARLINE K			10759 S COLLEGE ST # 1B CLARKTON, NC 28433	000000022053	12/18/1944	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	20	20
MAIL		09/11/2018						N	P25		VV Absentee				9-6157	
POWELL, JAMES MELVIN			10759 S COLLEGE ST # 2G CLARKTON, NC 28433	000000012342	03/01/1962	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	224	224
MAIL		09/11/2018						N	P25		VV Absentee				9-6276	
PRIDGEN, CLIFTON			10759 S COLLEGE ST # 2K CLARKTON, NC 28433	000000019042	11/02/1955	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	223	223
MAIL		09/11/2018						N	P25		VV Absentee				9-6270	

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mig Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID			
PRIDGEN, SABRINA ANN	212 MCADAM DR ELIZABETH TOWN, NC 28337	0000000059036	02/08/1981	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	76	76
MAIL	09/11/2018					N	P501		VV Absentee			9-6317		
PRIDGEN, THOMASINA COVEIGTON	10759 S COLLEGE ST # 2C CLARKTON, NC 28433	0000000061038	11/01/1956	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	222	222
MAIL	09/11/2018					N	P25	25	VV Absentee			9-6285		
RATLIFF, SHALANTA MONIQUE	613 MOULTRIE LN ELIZABETH TOWN, NC 28337	0000000061033	05/07/1995	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	221	221
MAIL	09/11/2018					N	P501		VV Absentee			9-6299		
RHEW, PATRICIA E	44 WOMACK WAY WHITE LAKE, NC 28337	0000000061000	12/19/1966	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	189	189
MAIL	09/11/2018					N	P40	40	VV Absentee			9-6114		
RHODE, SHERONDA ROMISE	510 MERCER MILL RD # 3 ELIZABETH TOWN, NC 28337	0000000057469	04/28/1989	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	220	220
MAIL	09/11/2018					N	P502	50	VV Absentee			9-6234		
Exhibit 4.2														
LEON	210 COUNCIL AND RICHARDSON DR TAR HEEL, NC 28392	0000000014750	06/07/1964	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	219	219
MAIL	09/11/2018					N	P60		VV Absentee			9-6254		
RICHARDSON, FREDERICK MONTRELL	210 COUNCIL AND RICHARDSON DR TAR HEEL, NC 28392	0000000053069	05/21/1981	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	218	218
MAIL	09/11/2018					N	P60		VV Absentee			9-6249		
RICHARDSON, SHIRLEY REGINA	210 COUNCIL AND RICHARDSON DR TAR HEEL, NC 28392	0000000019069	02/08/1968	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	217	217
MAIL	09/11/2018					N	P60		VV Absentee			9-6253		

Name	Address	VRN	DOB	Status	Election	Req Typo	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Prohibit	Reg Muni	Source		Request ID			
FILED, NATHAN BAY	6842 OLD FAYETTEVILLE RD GARLAND, NC 28441	000000058722	04/25/1979	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	177	177	
MAIL 2204 of 246														
RILEY, PATTY LEA	6842 OLD FAYETTEVILLE RD GARLAND, NC 28441	000000058231	12/02/1982	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP	000	152	152	
MAIL														
ROBINSON, ARNITA	401 SWANZY RIDGE WAY # 101 ELIZABETHTOWN, NC 28337	000000027626	04/13/1950	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	216	216	
MAIL														
ROBINSON, KRISTAL S	2909 W BROAD ST ELIZABETHTOWN, NC 28337	000000044325	11/28/1978	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	66	66	
MAIL														
ROBINSON, QUENTIN BRONFELL	2809 W BROAD ST ELIZABETHTOWN, NC 28337	000000048990	05/30/1982	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	49	49	
MAIL 1.2														
ROGERS, ANGELINE GAIL	911 MARTIN LUTHER KING DR ELIZABETHTOWN, NC 28337	000000023028	02/29/1956	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	215	215	
MAIL														
ROGERS, CARNESHA S	1213 COTTON ST ELIZABETHTOWN, NC 28337	000000055553	11/25/1994	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	214	214	
MAIL														
ROGERS, JABREL TYON	401 QUAIL ST ELIZABETHTOWN, NC 28337	000000058800	08/18/1990	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	28	28	
MAIL														
MAIL														

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Name	Address	VRN	DOB	Status	Election	Reg Type	Reg Reason	Reg Status	Reg Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mng Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID			
ROGERS, JAVONDA SHAMAI	905 M AND M ST ELIZABETH TOWN, NC 28337	000000052582	08/03/1993	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	88	88
MAIL	09/11/2018					N	P501		VV Absentee		9-6329			
ROGERS, KATRICE SHONTLE	401 QUAIL ST ELIZABETH TOWN, NC 28337	000000023458	07/31/1972	A	11/09/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	29	29
MAIL	09/11/2018					N	P501	50	VV Absentee		9-6168			
ROGERS, MONTRELL JEREL	1213 COTTON ST ELIZABETH TOWN, NC 28337	000000053556	01/21/1993	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	213	213
MAIL	09/11/2018					N	P501	50	VV Absentee		9-6237			
ROUSE, RONDREOUS MONTELE	204 WRIGHT ST # 11B ELIZABETH TOWN, NC 28337	000000057426	09/25/1980	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	212	212
MAIL	09/11/2018					N	P501	50	VV Absentee		9-6216			
SELIGER, ROBERT EUGENE	2507 FIRST AVE ELIZABETH TOWN, NC 28337	000000016161	09/09/1961	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	159	159
MAIL	09/11/2018					N	P501	50	VV Absentee		9-6083			
SEWARD, WILLIAM JORDAN	1123 NC 20 HWY ST. PAULS, NC 28384	000000056052	03/02/1995	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	140	140
MAIL	09/11/2018					N	P501		VV Absentee		9-6057			
SHAW, CHANTEL ANGEL	204 WRIGHT ST # A1 ELIZABETH TOWN, NC 28337	000000051528	03/29/1991	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	211	211
MAIL	09/11/2018					N	P501	50	VV Absentee		9-6268			
SHIPMAN, EMMA LEE	186 BURDEN RD TAR HEEL, NC 28392	000000007798	06/03/1931	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	210	210
MAIL	09/11/2018					N	P15		VV Absentee		9-6293			

Exhibit 4.1.1

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Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID			
SHIMAN, LOYE ANNA	285 SAND PIT RD ELIZABETHTOWN, NC 28337	000000051463	02/08/1935	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	16	16	
MAIL	09/11/2018								VV Absentee		9-6153			
SHIMAN, SHANITA ANNETTE	1605 MARTIN LUTHER KING DR ELIZABETHTOWN, NC 28337	000000047174	04/30/1987	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	208	208	
MAIL	09/11/2018								VV Absentee		9-6266			
SIMMONS, VIOLA MAE	905 MOUTRIE LN ELIZABETHTOWN, NC 28337	000000041469	07/28/1957	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	296	296	
MAIL	09/11/2018								VV Absentee		9-6336			
SIMPSON, LOVAN SHIELDS	209 MERCER MILL RD #2H ELIZABETHTOWN, NC 28337	000000057898	08/22/1966	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	207	207	
MAIL	09/11/2018								VV Absentee		9-6291			
SINGLETARY, GLORIA ANN	510 MERCER MILL RD #2 ELIZABETHTOWN, NC 28337	000000061036	09/04/1971	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	205	206	
MAIL	09/11/2018								VV Absentee		9-6298			
SINGLETARY, KAKILLA ANN	510 MERCER MILL RD #2 ELIZABETHTOWN, NC 28337	000000059792	02/11/1968	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	205	205	
MAIL	09/11/2018								VV Absentee		9-6230			
SINGLETARY, TAMMY LYNN	4320 NC-53 HWY W WHITE OAK, NC 28399	000000020520	02/24/1968	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	204	204	
MAIL	09/11/2018								VV Absentee		9-6135			
SMITH, ALBERT LEE	208 MERCER MILL RD #1 ELIZABETHTOWN, NC 28337	000000038959	08/30/1951	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	74	74	
MAIL	09/11/2018								VV Absentee		9-6315			

Exhibit 4.1

Name	Address	VRN	DOB	Status	Election	Reg Type	Reg Reason	Reg Status	Reg Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID			
SMITH, BRANDON LYNN	9074 NC 41 HWY E HARRIS, NC 28444	0000000048212	04/05/1976	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	000	96	96
MAIL	09/11/2018					N	P40		VV Absentee		9-6013			
SMITH, CARRIE WILLIS	233 SAND PIT RD ELIZABETHTOWN, NC 28337	0000000057407	05/06/1957	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	000	27	27
MAIL	09/11/2018					N	P35		VV Absentee		9-6166			
SMITH, ELBERT LEE	217 SAND PIT RD ELIZABETHTOWN, NC 28337	000000000515	01/09/1953	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	000	43	43
MAIL	09/11/2018					N	P35		VV Absentee		9-6163			
SMITH, ELIZABETH HOWARD	10759 S COLLEGE ST #1G CLARKTON, NC 28433	0000000054277	02/12/1949	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	000	203	203
MAIL	09/11/2018					N	P25	25	VV Absentee		9-6243			
SMITH, GEORGE SAMUEL	1107 QUAIL ST ELIZABETHTOWN, NC 28337	0000000041888	02/02/1946	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	000	37	37
MAIL	09/11/2018					N	P501	50	VV Absentee		9-6176			
SMITH, JAMES HARRY	285 SAND PIT RD ELIZABETHTOWN, NC 28337	000000001031	12/12/1951	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	000	12	12
MAIL	09/11/2018					N	P35		VV Absentee		9-6148			
SMITH, JANE WILSON	1626 TAR HEEL RD TAR HEEL, NC 28392	000000003766	09/03/1935	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	000	136	136
MAIL	09/11/2018					N	P60		VV Absentee		9-6054			
SMITH, MARY O MCKIVER	217 SAND PIT RD ELIZABETHTOWN, NC 28337	000000017691	09/24/1956	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	000	34	34
MAIL	09/11/2018					N	P35		VV Absentee		9-6173			

Name	Send Method	Send Date	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
SMITH, MASHA TALISA	MAIL	09/11/2018	217 SAND PIT RD ELIZABETHTOWN, NC 28337	000000059911	10/06/1999	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	42	42
SMITH, TAMIKA HOPE	MAIL	09/11/2018	1103 PEANUT PLANT RD ELIZABETHTOWN, NC 28337	000000049855	03/03/1985	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	202	202
SMITH, TAMMORAH T	MAIL	09/11/2018	407 PRINCESS LN ELIZABETHTOWN, NC 28337	000000046540	08/06/1985	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	201	201
SMITH-RICH, CAROLINE LYNETTE	MAIL	09/11/2018	204 WRIGHT ST # A5 ELIZABETHTOWN, NC 28337	000000056307	10/18/1985	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	200	200
SPADLING, CAROL SUE	MAIL	09/11/2018	172 IDAS LN CLARKTON, NC 28433	000000007413	12/02/1959	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	44	44
STAFFORD, ROBERT THOMAS	MAIL	09/11/2018	2582 NC 63 HWY E ELIZABETHTOWN, NC 28337	000000050036	07/14/1978	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	6	6
STALLINGS, MICHAEL RAY	MAIL	09/11/2018	1341 JOYCE ST ELIZABETHTOWN, NC 28337	000000024286	04/13/1953	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	118	118
STARKELOFF, CAROL DIANE	MAIL	09/11/2018	2266 FIRST AVE ELIZABETHTOWN, NC 28337	000000042825	07/04/1945	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	117	117
MAIL				N					P501	50	VV Absentee		9-6044			

Exhibit 4.2

Name	Send Method	Sent Date	Address	Return Method	Return Status	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Seq
							Return Dt	Board Mgt Dt		is Archive	Reg Precinct	Reg Muri	Source		RequestID		Num
STANKLOFF, KELLY HAYES	MAIL	09/11/2018	340 HAYFIELD ST ELIZABETHTOWN, NC 28337		000000029674	06/12/1977	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	060	060	123	123
STANKLOFF, KYLE LEE	MAIL	09/11/2018	340 HAYFIELD ST ELIZABETHTOWN, NC 28337		000000055663	09/06/1970	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	000	122	122
STOKER, J C JR	MAIL	09/11/2018	2801 PEANUT PLANT RD ELIZABETHTOWN, NC 28337		000000012657	02/27/1953	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	000	119	119
STORMS, VADA	MAIL	09/11/2018	2818 GUYTON RD BLADENBORO, NC 28320		000000051709	08/23/1926	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	000	1	1
TATUM, KELSEY KARLEN	MAIL	09/11/2018	205 HORNE ST ELIZABETHTOWN, NC 28337		000000025839	04/16/1960	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	000	161	161
TAYLOR, KATHERINE BAIN	MAIL	09/11/2018	2105 SECOND AVE ELIZABETHTOWN, NC 28337		000000012690	11/16/1926	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	000	209	209
THOMAS, JAN EVERS	MAIL	09/11/2018	699 HAPPY VALLEY RD ELIZABETHTOWN, NC 28337		000000013987	08/11/1954	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	000	3	3
TYNDALL, JEREMY LEGRAND	MAIL	09/11/2018	171 WINDMILL WAY CLARKTON, NC 28433		000000032806	09/12/1977	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	000	169	169
	MAIL	09/11/2018															

Name	Send Method	Send Date	Address	Return Method	Return Status	VRN	DOB	Return Dt	Status	Election	Reg Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
TYLER, DOROTHY ELLEN	MAIL	09/11/2018	205 HORNE ST ELIZABETHTOWN, NC 28337			000000058129	07/05/1940		A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	199	199
TYLER, DOROTHY ELLEN	MAIL	09/11/2018	205 HORNE ST ELIZABETHTOWN, NC 28337			000000058129	07/05/1940		A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	199	199
TYLER, DOROTHY ELLEN	MAIL	09/11/2018	205 HORNE ST ELIZABETHTOWN, NC 28337			000000058129	07/05/1940		A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	199	199
TYLER, DOROTHY ELLEN	MAIL	09/11/2018	205 HORNE ST ELIZABETHTOWN, NC 28337			000000058129	07/05/1940		A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	199	199
VILLARREAL, BARBARA JEAN	MAIL	09/11/2018	204 BYRD LN ELIZABETHTOWN, NC 28337			000000056486	03/16/1948		A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	5	5
WALKER, SHELBY BAILEY	MAIL	09/11/2018	824 LULA LONG RD ELIZABETHTOWN, NC 28337			000000053905	03/07/1953		A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	LIB		000	298	298
WARD, DONNA FAYE	MAIL	09/11/2018	1568 TAR HEEL RD TAR HEEL, NC 28392			000000017947	06/03/1959		A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	137	137
WARNER, ANN C	MAIL	09/11/2018	392 TURTLE COVE DR WHITE LAKE, NC 28337			000000058303	07/11/1939		A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	120	120
WASHINGTON, SHAMEEKA YVONNE	MAIL	09/11/2018	204 WRIGHT ST # 11 ELIZABETHTOWN, NC 28337			000000058609	05/03/1988		A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	198	198
WELDON, SHIRL	MAIL	09/11/2018	10759 S COLLEGE ST # 1A CLARKTON, NC 28433			000000043866	06/08/1952		A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	197	197
WELDON, SHIRL	MAIL	09/11/2018	10759 S COLLEGE ST # 1A CLARKTON, NC 28433			000000043866	06/08/1952		A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	197	197
WELDON, SHIRL	MAIL	09/11/2018	10759 S COLLEGE ST # 1A CLARKTON, NC 28433			000000043866	06/08/1952		A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	197	197
WELDON, SHIRL	MAIL	09/11/2018	10759 S COLLEGE ST # 1A CLARKTON, NC 28433			000000043866	06/08/1952		A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	197	197

Name	Send Method	Send Date	Address	Return Method	Return Status	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
WEST, BONNIE MAE	MAIL	09/11/2018	1638 HORSESHOE RD BLADENBORO, NC 28320		000000012789	10/26/1952	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	163	163		
WHITE, SHAQUILLE	MAIL	09/11/2018	659 TWISTED HICKORY RD ELIZABETHTOWN, NC 28337		000000050612	02/19/1994	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UNA	000	87	87		
WHITEFIELD, CHARLES THOMAS	MAIL	09/11/2018	10759 S COLLEGE ST # 1E CLARKTON, NC 28433		000000049409	04/06/1952	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	196	196		
WHITTED, INEZ	MAIL	09/11/2018	65 SAND PIT RD ELIZABETHTOWN, NC 28337		00000003986	04/28/1928	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	32	32		
WHITTED, JACQUILINE ELANE	MAIL	09/11/2018	87 FLORENCE DR ELIZABETHTOWN, NC 28337		000000029943	01/09/1977	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	30	30		
WHITTED, JAMELL MARQUIS	MAIL	09/11/2018	75 FLORENCE DR ELIZABETHTOWN, NC 28337		000000059769	07/13/1989	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	63	63		
WILDS, PAULETTE	MAIL	09/11/2018	209 MERCER MILL RD # 2L ELIZABETHTOWN, NC 28337		000000058491	03/11/1958	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	195	195		
WILKINS, JAMES GLENN	MAIL	09/11/2018	82 MAIN ST TAR HEEL, NC 28382		000000022854	11/20/1954	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	139	139		
MAIL		09/11/2018					N			P50	60	VV Absentee		9-6056				

Name	Address	VRN	DOB	Status	Election	Reg Type	Reg Reason	Reg Status	Reg Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID			
WILSON, CHARLIE	152 BURDEN RD TAR HEEL, NC 28392	000000056201	12/17/1975	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	65	65
MAIL	09/11/2018					N	P15		VV Absentee		8-9305			
WILSON, ANTIWAN DANGELO	233 SAND PIT RD ELIZABETH TOWN, NC 28337	000000055781	12/08/1988	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	13	13
MAIL	09/11/2018					N	P35		VV Absentee		8-9149			
WILSON, ALICE CONNIE	13337 NC 87 HWY W TAR HEEL, NC 28392	000000058966	05/23/1959	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	REP		000	194	194
MAIL	09/11/2018					N	P60		VV Absentee		8-9131			
WILSON, JOEY MICHELE	1702 MARSH RD BLADENBORO, NC 28320	000000052442	04/17/1967	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	UMA		000	302	302
MAIL	09/11/2018					N	P15		VV Absentee		8-9340			
WOOD, HANNAH SHARON	4554 NC 53 HWY W WHITE OAK, NC 28389	000000002408	04/15/1958	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	179	179
MAIL	09/11/2018					N	P35		VV Absentee		8-9136			

Total Records in report: 308

PRINT RESULTS LIST

ABSENTEE VOTER CORRESPONDENCE LIST

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source			Request ID		
ADAMS, LATOYA SHANTE	11436 NC 242 HWY S BLADENBORO, NC 28320	000000041763	08/14/1984	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	358	358
MAIL	09/21/2018					N	P202		VV Absentee					
ADAMS, MARY FRANCES	11316 CENTER RD BLADENBORO, NC 28320	000000050008	03/02/1952	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	397	397
MAIL	09/21/2018					N	P202		VV Absentee					
KINS, EARLINE SMITH	1003 BUTLER MILL RD BLADENBORO, NC 28320	000000009375	06/07/1927	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	370	370
MAIL	09/21/2018					N	P202		VV Absentee					
LENN, JOE R JR	105 ROBESON ST TARHEEL, NC 28392	000000031792	07/24/1977	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	446	446
MAIL	09/21/2018					N	P60		VV Absentee					
TKINSON, AUDREY ANTHONY	304 VILLAGE ST # 2C BLADENBORO, NC 28320	000000040066	09/06/1959	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	407	407
MAIL	09/21/2018					N	P202		VV Absentee					
ABSON, BOBBY DALE	1676 NC 211 HWY W CLARKTON, NC 28433	000000058137	01/03/1959	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	409	409
MAIL	09/21/2018					N	P10		VV Absentee					
ABSON, SHEILA CARROLL	1676 NC 211 HWY W CLARKTON, NC 28433	000000025316	10/24/1982	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	342	342
MAIL	09/21/2018					N	P10		VV Absentee					

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source			Request ID		
BRISSON, PHYLLIS CARROLL	414 S ASHE ST BLADENBORO, NC 28320	000000054569	09/11/1949	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	414	414
MAIL	09/21/2018					N	P201	20	VV Absentee					
BROOKS, SHIRLEY FAYE	428 S ASHE ST BLADENBORO, NC 28320	000000034198	04/12/1951	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	418	418
MAIL	09/21/2018					N	P201	20	VV Absentee					
BRYAN, WAYNE R	3078 GUYTON RD BLADENBORO, NC 28320	000000024223	07/01/1953	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	339	339
MAIL	09/21/2018					N	P202		VV Absentee					
BUJE, MARY STOCKS	315 FOREST DR BLADENBORO, NC 28320	000000008319	02/24/1931	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	308	308
MAIL	09/21/2018					N	P201	20	VV Absentee					
BUJE, STEPHEN ALEXANDER	315 FOREST DR BLADENBORO, NC 28320	000000008320	07/31/1930	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	310	310
MAIL	09/21/2018					N	P201	20	VV Absentee					
BUJE, DONETTE	63 KELLY ST BLADENBORO, NC 28320	000000058153	03/05/1974	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	333	333
MAIL	09/21/2018					N	P201	20	VV Absentee					
BYRD, ROBERT EARL	309 MIDWAY DR BLADENBORO, NC 28320	000000026563	08/05/1960	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	402	402
MAIL	09/21/2018					N	P202	20	VV Absentee					
CAIN, MARIE	322 SUNSET PARK RD BLADENBORO, NC 28320	000000043508	08/24/1927	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	332	332
MAIL	09/21/2018					N	P202		VV Absentee					

Exhibit 4.2.1.2

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Req Precinct	Reg Mntl	Source			Request ID		
CALDER, JESSE LEROY	303 PECAN ST # 5C BLADENBORO, NC 28320	000000060518	12/03/1988	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	452	452
MAIL	09/21/2018					N	P202	20	VV Absentee					
CAMPBELL, LUEI MOCKETHAN	807 FOX ST ELIZABETHTOWN, NC 28337	000000011028	07/21/1937	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	DEM		000	315	315
MAIL	09/21/2018					N	P501	50	VV Absentee					
GERVANTES, JONATHAN DWAYNE	1187 STORMS RD BLADENBORO, NC 28320	000000055549	12/13/1994	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	390	390
MAIL	09/21/2018					N	P202		VV Absentee					
CHAMBERS, HORACE	1009 MOULTRIE LN ELIZABETHTOWN, NC 28337	000000043540	06/19/1944	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	464	463
MAIL	09/21/2018					N	P501		VV Absentee			9-6358		
CHESSURE, KIMBERLY D	417 S MAIN ST BLADENBORO, NC 28320	000000048121	05/27/1982	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	380	380
MAIL	09/21/2018					N	P201	20	VV Absentee					
CHRISTIAN, JAMES DANIEL	192 WHITE OWL LOOP RD BLADENBORO, NC 28320	000000045049	03/07/1988	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	440	440
MAIL	09/21/2018					N	P202		VV Absentee					
CHRISTIAN, JAMES HERMAN	192 WHITE OWL LOOP RD BLADENBORO, NC 28320	000000028157	03/17/1963	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	328	328
MAIL	09/21/2018					N	P202		VV Absentee					
CHRISTIAN, JESSICA JANNELLE	192 WHITE OWL LOOP RD BLADENBORO, NC 28320	000000060157	04/07/1981	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	363	363
MAIL	09/21/2018					N	P202		VV Absentee					

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Name	Send Method	Sent Date	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
CHRISTIAN, PHILLIS ANN	MAIL	09/21/2018	192 WHITE OWL LOOP RD BLADENBORO, NC 28320	000000022517	03/15/1962	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	436	436
CHRISTIAN, RANDY WAYNE SR.	MAIL	09/21/2018	2850 BURNLEY RD BLADENBORO, NC 28320	000000023147	03/09/1965	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	431	431
CHRISTIAN, VIRGIL HERMAN	MAIL	09/21/2018	20 WHITE OWL LOOP RD BLADENBORO, NC 28320	000000060476	04/20/1941	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	406	406
CHRISTIAN, YVONNE WALTERS	MAIL	09/21/2018	2850 BURNLEY RD BLADENBORO, NC 28320	000000022254	10/25/1961	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	374	374
COLEMAN, MICHAEL W JR	MAIL	09/21/2018	310 E POPULAR ST #6 BLADENBORO, NC 28320	000000041133	07/31/1971	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	344	344
COLLINS, IDA L	MAIL	09/21/2018	13654 TWISTED HICKORY RD BLADENBORO, NC 28320	000000047169	12/29/1951	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	312	312
CORBETT, JAMES LLOYD	MAIL	09/21/2018	706 MARTIN LUTHER KING DR ELIZABETHTOWN, NC 28327	000000011103	09/19/1926	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	456	458
CORREA, CYNTHIA GAYLE	MAIL	09/21/2018	4465 OLD ABBOTTSBURG RD BLADENBORO, NC 28320	000000031536	11/16/1951	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	367	367
	MAIL	09/21/2018				N			P201		VV Absentee					

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mng Dt	Is Archive	Reg Precinct	Reg Intrl	Source			Request ID	Num
DEAVER, RANDY LEE	12008 NC 211 HWY W BLADENBORO, NC 28320	000000042813	05/29/1986	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	403
MAIL	09/21/2018					N	P202		VV Absentee				
DEAVER, RYAN A	636 PAUL BRISSON RD, BLADENBORO, NC 28320	000000060186	12/14/1992	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	325
MAIL	09/21/2018					N	P15		VV Absentee				
DEMERY, GLORIA ELAINE	10759 S COLLEGE ST # 1F CLARKTON, NC 28433	000000055676	12/27/1950	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	DEM		000	378
MAIL	09/21/2018					N	P26		VV Absentee				
DEWOLF, LYNN MARIE	13 BETHEL CHURCH RD DUBLIN, NC 28332	000000048139	08/09/1964	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	318
MAIL	09/21/2018					N	P16		VV Absentee				
DEWOLF, RANDY SCOTT	13 BETHEL CHURCH RD DUBLIN, NC 28332	000000047304	01/15/1970	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	368
MAIL	09/21/2018					N	P15		VV Absentee				
DELOACH, LORETTA E	901 VILLAGE ST BLADENBORO, NC 28320	000000023762	05/12/1987	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	354
MAIL	09/21/2018					N	P202		VV Absentee				
DELOACH, LOUIS III	901 VILLAGE ST BLADENBORO, NC 28320	000000028864	07/14/1961	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	319
MAIL	09/21/2018					N	P202		VV Absentee				
OYE, AMANDA RUBY	4465 OLD ABBOTTSBURG RD BLADENBORO, NC 28320	000000047180	09/09/1989	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	386
MAIL	09/21/2018					N	P201		VV Absentee				

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Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Sto	Machine	Ballot Num	Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mng Dt	Is Archive	Reg Precinct	Reg Muni	Source			Request ID		
DOVE, CONNIE DOWLESS	453 GABE JOHNSON DR ELIZABETHTOWN, NC 28337	000000051116	11/23/1948	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	329	329
MAIL	09/21/2018					N	P501		VV Absentee					
DOVE, CYNTHIA BURCHETTE	4471 OLD ABBOTTSBURG BLADENBORO, NC 28320	000000050937	07/05/1960	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	400	400
MAIL	09/21/2018					N	P201		VV Absentee					
DOVE, JERRY WAYNE	453 GABE JOHNSON DR ELIZABETHTOWN, NC 28337	000000052860	03/11/1954	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	399	399
MAIL	09/21/2018					N	P501		VV Absentee					
DOVE, MELBA BRITT	4477 OLD ABBOTTSBURG RD BLADENBORO, NC 28320	000000050070	05/17/1930	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	361	361
MAIL	09/21/2018					N	P201		VV Absentee					
DOVE, STEPHEN L	4456 OLD ABBOTTSBURG RD BLADENBORO, NC 28320	000000047181	07/18/1963	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	389	389
MAIL	09/21/2018					N	P201		VV Absentee					
DOVE, HERRY LEE	4471 OLD ABBOTTSBURG RD BLADENBORO, NC 28320	000000017088	05/28/1961	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	371	371
MAIL	09/21/2018					N	P201		VV Absentee					
DOVELESS, ROBERT L SR	7010 ALBERT ST DUBLIN, NC 28332	000000059866	04/01/1963	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	393	393
MAIL	09/21/2018					N	P15	15	VV Absentee					
OWLESS, SAMUEL PAUL	2766 TWISTED HICKORY RD ELIZABETHTOWN, NC 28337	000000046126	04/07/1973	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	317	317
MAIL	09/21/2018					N	P501		VV Absentee					

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Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mtg Dt	is Archive	Req Preclnt	Reg Muni	Source		Request ID			
DUCKWORTH, DONNA JEROME	200 PARSON ST BLADENBORO, NC 28320	000000026917	05/18/1964	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	427	427	
MAIL	09/21/2018					N	P201	20	VV Absentee					
DUCSON, RUFUS RALPH III	200 PARSON ST BLADENBORO, NC 28320	000000026600	05/01/1957	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	346	346	
MAIL	09/21/2018					N	P201	20	VV Absentee					
DUDLEY, ROOSEVELT JR	1009 MOULTRIE LN ELIZABETHTOWN, NC 28337	000000042542	03/20/1954	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	471	470	
MAIL	09/21/2018					N	P501		VV Absentee		9-6365			
JUDLEY, TREVOR OMAR	1009 MOULTRIE LN ELIZABETHTOWN, NC 28337	000000058590	02/02/1998	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	469	468	
MAIL	09/21/2018					N	P501		VV Absentee		9-6363			
DWALES, DEBBIE TATUM	214 DIXIE LN BLADENBORO, NC 28320	000000055267	01/09/1964	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP	000	420	420	
MAIL	09/21/2018					N	P201		VV Absentee					
DWALES, DEBORAH BRISSON	157 LUTHER BRISSON RD BLADENBORO, NC 28320	000000031355	11/27/1964	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	411	411	
MAIL	09/21/2018					N	P202		VV Absentee					
VANS, STELLA LEE	20 WHITE OWL LOOP RD BLADENBORO, NC 28320	000000090475	05/12/1946	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP	000	408	408	
MAIL	09/21/2018					N	P202		VV Absentee					
VEERS, FLOYD FRANKLIN	264 LUTHER BRISSON RD BLADENBORO, NC 28320	000000033567	07/18/1962	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	353	353	
MAIL	09/21/2018					N	P202		VV Absentee					

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Seq
Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Preinct	Reg Muni	Source			Request ID	Num
MAIL	09/21/2018	12042 NC 211 HWY W BLADENBORO, NC 28320	000000055726	09/11/1984	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	404
FLETCHER, KENDREA	09/21/2018	303 PECAN ST # 5C BLADENBORO, NC 28320	000000080520	09/15/1978	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP	000	451
MAIL	09/21/2018					N		P202	20	VV Absentee			
GARDNER, ROBERT L	09/21/2018	808 BUTLER MILL RD BLADENBORO, NC 28320	000000060302	07/12/1971	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP	000	336
MAIL	09/21/2018					N		P202	20	VV Absentee			
GAUSE, DARLENE DOVE	09/21/2018	4447 OLD ABBOTTSBURG RD BLADENBORO, NC 28320	000000040895	11/10/1955	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	330
MAIL	09/21/2018					N		P201		VV Absentee			
318305 MARTHA L	09/21/2018	47 J HILL ACRES RD BLADENBORO, NC 28320	000000015085	08/09/1945	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	449
MAIL	09/21/2018					N		P202		VV Absentee			
300044 DENISE	09/21/2018	10849 NC 242 HWY S BLADENBORO, NC 28320	000000047932	11/03/1961	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	362
MAIL	09/21/2018					N		P202		VV Absentee			
JALL, DENNIS EARL	09/21/2018	6131 NC 211 HWY W BLADENBORO, NC 28320	000000045138	08/21/1958	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	445
MAIL	09/21/2018					N		P10		VV Absentee			
ALL, JUSTIN ARKELE	09/21/2018	6131 NC 211 HWY W BLADENBORO, NC 28320	000000059338	05/14/1997	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP	000	369
MAIL	09/21/2018					N		P10		VV Absentee			

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Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Preclnt	Reg Mthl	Source			Request ID		
MAIL	09/21/2018	511 J A CARROLL RD BLADENBORO, NC 28320	000000058138	09/16/1941	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP	000	322	322
MAIL	09/21/2018	648 PAUL BRISSON RD BLADENBORO, NC 28320	000000051056	11/03/1991	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	450	450
MAIL	09/21/2018	803 MOULTRIE LN ELIZABETHTOWN, NC 28337	000000011507	10/30/1935	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	465	464
MAIL	09/21/2018	501 BALL PARK RD BLADENBORO, NC 28320	000000056137	03/22/1966	A	11/06/2018	CIVILIAN	P501	VALID	MAIL	REP	000	401	401
MAIL	09/21/2018	303 PECAN ST # 5C BLADENBORO, NC 28320	000000039873	07/28/1972	A	11/06/2018	CIVILIAN	P202	VALID	MAIL	REP	000	345	345
MAIL	09/21/2018	6618 CENTER RD BLADENBORO, NC 28320	000000021698	07/22/1961	A	11/06/2018	CIVILIAN	P202	VALID	MAIL	UNA	000	429	429
MAIL	09/21/2018	55 HOLLY BRITT CT BLADENBORO, NC 28320	000000024943	02/04/1976	A	11/06/2018	CIVILIAN	P202	VALID	MAIL	UNA	000	335	335
MAIL	09/21/2018	668 SUNSET PARK RD BLADENBORO, NC 28320	000000006204	05/12/1994	A	11/06/2018	CIVILIAN	P202	VALID	MAIL	UNA	000	423	423
MAIL	09/21/2018													

Name	Send Method	Sent Date	Address	Return Method	Return Status	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Seq
HESTER, JAMES BARRY	MAIL	09/21/2018	1208 STORMS RD BLADENBORO, NC 28320		000000031668	07/11/1964	A	11/06/2018	CIVILIAN	Is Archive	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	365
HESTER, JENNIFER NOELE	MAIL	09/21/2018	668 SUNSET PARK RD BLADENBORO, NC 28320		000000049059	12/10/1966	A	11/06/2018	CIVILIAN		MEDICAL - ANNUAL	VALID	MAIL	UNA		000	424
HESTER, JONATHAN WADE	MAIL	09/21/2018	1208 STORMS RD BLADENBORO, NC 28320		000000052353	07/16/1993	A	11/06/2018	CIVILIAN		MEDICAL - ANNUAL	VALID	MAIL	UNA		000	360
HESTER, JUANITA EVERS	MAIL	09/21/2018	1208 STORMS RD BLADENBORO, NC 28320		000000041441	06/09/1931	A	11/06/2018	CIVILIAN		MEDICAL - ANNUAL	VALID	MAIL	REP		000	437
HESTER, TERESA FERRELL	MAIL	09/21/2018	6818 CENTER RD BLADENBORO, NC 28320		000000006394	06/15/1962	A	11/06/2018	CIVILIAN		MEDICAL - ANNUAL	VALID	MAIL	UNA		000	430
HESTER, VANCE DONNELL	MAIL	09/21/2018	509 CHESTNUT ST BLADENBORO, NC 28320		000000043924	10/15/1968	A	11/06/2018	CIVILIAN		MEDICAL - ANNUAL	VALID	MAIL	UNA		000	435
HESTER, WILMA EVERS	MAIL	09/21/2018	11 RICHARDSON RD BLADENBORO, NC 28320		000000030636	09/23/1937	A	11/06/2018	CIVILIAN		MEDICAL - ANNUAL	VALID	MAIL	REP		000	381
ESTER, WOODY DARREL	MAIL	09/21/2018	371 SUNSET PARK RD BLADENBORO, NC 28320		000000010054	12/19/1991	A	11/06/2018	CIVILIAN		MEDICAL - ANNUAL	VALID	MAIL	REP		000	382
AIL		09/21/2018						N			P202		VV Absentee				

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Name	Send Method	Sent Date	Address	Return Method	Return Status	VRN	DOB	Status	Election	Reg Type	Req Reason	Reg Status	Reg Method	Party	Site	Machine	Ballot Seq
HESTER, WYATT JOSEPH	MAIL	09/21/2018	55 HOLLY BRITT CT BLADENBORO, NC 28320		000000060091	03/21/1999	A	11/06/2018	CIVILIAN	Is Archive	MEDICAL - ANNUAL	VALID	MAIL	REP		000	334
HILL, SHERRY MARIE	MAIL	09/21/2018	191 STEPHIES WAY BLADENBORO, NC 28320		000000060864	03/11/1977	A	11/06/2018	CIVILIAN	N	P202	VALID	MAIL	REP		000	321
HORNE, MICHAEL J	MAIL	09/21/2018	428 S ASHE ST BLADENBORO, NC 28320		000000022824	10/10/1971	A	11/06/2018	CIVILIAN	N	P15	VALID	MAIL	UNA		000	417
HUCHINGSOON, DEBORAH ANN	MAIL	09/21/2018	7365 NC 131 HWY BLADENBORO, NC 28320		000000057625	05/17/1963	A	11/06/2018	CIVILIAN	N	P201	VALID	MAIL	UNA		000	348
NIJAN, CHRISTOPHER SCOTT	MAIL	09/21/2018	7365 NC 131 HWY BLADENBORO, NC 28320		000000024208	03/04/1974	A	11/06/2018	CIVILIAN	N	P15	VALID	MAIL	REP		000	343
JACKSON, WILLIAM NEIL	MAIL	09/21/2018	484 PAGES LAKE RD ST. PAULS, NC 28384		000000055874	09/15/1967	A	11/06/2018	CIVILIAN	N	P15	VALID	MAIL	UNA		000	419
OHNSON, MELISSA GAIL	MAIL	09/21/2018	511 MARTIN LUTHER KING JR DR BLADENBORO, NC 28320		000000060468	07/20/1982	A	11/06/2018	CIVILIAN	N	P60	VALID	MAIL	REP		000	338
OHNSON, RUNDL AYMARO	MAIL	09/21/2018	511 MARTIN LUTHER KING JR DR BLADENBORO, NC 28320		000000080467	10/19/1981	A	11/06/2018	CIVILIAN	N	P201	VALID	MAIL	REP		000	416

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Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Seq
Send Method	Send Date	Return Method	Return Status	Return Dt	Board Mig Dt	Is Archive	Reg Precinct	Reg Muni	Source			Request ID	Num
KELLY, DOLORES DEEVER	3332 OLD ABBOTTSBURG RD BLADENBORO, NC 28320	000000031368	11/05/1968	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	447 447
MAIL	08/21/2018					N	P201		VV Absentee				
KELLY, MICHAEL GLENN	3332 OLD ABBOTTSBURG RD BLADENBORO, NC 28320	000000047346	09/28/1966	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	367 367
MAIL	09/21/2018					N	P201		VV Absentee				
KINLAW, GENIE W.	1132 J A CARROLL RD BLADENBORO, NC 28320	000000015028	01/05/1950	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	434 434
MAIL	08/21/2018					N	P15		VV Absentee				
KINLAW, SHANNON G.	1162 J A CARROLL RD BLADENBORO, NC 28320	000000036306	04/13/1972	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	350 350
MAIL	08/21/2018					N	P15		VV Absentee				
LAMBERT, ROBERT ASHLEY	5401 NC 131 HWY BLADENBORO, NC 28320	000000060641	06/17/1980	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	323 323
MAIL	08/21/2018					N	P15		VV Absentee				
LEINWAND, SHIRLEY GINETEL	2206 SECOND AVE ELIZABETHTOWN, NC 28337	000000011771	02/25/1926	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	DEM		000	326 326
MAIL	08/21/2018					N	P601		VV Absentee				
LESSANE, ALICE F	52 POMPIE RD ELIZABETHTOWN, NC 28337	000000041070	07/29/1956	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	367 367
MAIL	08/21/2018					N	P15		VV Absentee				
LOCKLEAR, MARILYN ENICE	2015 NC 211 HWY W CLARKTON, NC 28433	000000060352	02/23/1972	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	384 384
MAIL	08/21/2018					N	P10		VV Absentee				

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Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source			RequestID		
LONG, DONALD WINIFRED	9833 NC 242 HWY S BLADENBORO, NC 28320	000000010279	01/23/1953	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	364	364
MAIL	09/21/2018					N	P202		VV Absentee					
LONG, SHERRY PAIT	9833 NC 242 HWY S BLADENBORO, NC 28320	000000021578	05/15/1955	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	361	361
MAIL	09/21/2018					N	P202		VV Absentee					
LONG, TONYA DENISE	600 N MAIN ST BLADENBORO, NC 28320	000000060175	05/30/1980	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	426	426
MAIL	09/21/2018					N	P202		VV Absentee					
LOWE, RODNEY GRANT	410 ANNE ST BLADENBORO, NC 28320	000000021616	03/19/1971	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	410	410
MAIL	09/21/2018					N	P202		VV Absentee					
LUDD, DAVID EARL JR	11314 CENTER RD BLADENBORO, NC 28320	000000060306	01/01/1950	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	314	314
MAIL	09/21/2018					N	P202		VV Absentee					
LUDD, GELLA KAY	11314 CENTER RD BLADENBORO, NC 28320	000000053139	04/23/1950	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	311	311
MAIL	09/21/2018					N	P202		VV Absentee					
LUDD, MILDRED B	11408 CENTER RD BLADENBORO, NC 28320	000000010299	05/29/1928	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	398	398
MAIL	09/21/2018					N	P202		VV Absentee					
LUDD, STEVE DONOVAN	111 PECAN ST BLADENBORO, NC 28320	000000031144	10/10/1956	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	392	392
MAIL	09/21/2018					N	P202		VV Absentee					

Name	Send Method	Sent Date	Address	VRN	DOB	Status	Election	Reg Type	Reg Reason	Reg Status	Reg Method	Party	Site	Machine	Ballot Num	Seq
WARTON, JERRY P			2799 PURDIE CHURCH RD TAR HEEL, NC 28392	000000020406	02/05/1945	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	347	347
MAIL		09/21/2018						N	P50		VV Absentee					
WAYERS, DANIEL KASH			191 STEPHIES WAY BLADENBORO, NC 28320	000000060865	10/03/1983	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	320	320
MAIL		09/21/2018						N	P15		VV Absentee					
ACKOY, CAROLYN			400 BLANKS ST ELIZABETHTOWN, NC 28337	000000044569	07/04/1947	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	461	460
MAIL		09/21/2018						N	P501	50	VV Absentee			9-6365		
ACKOY, THALIA			400 BLANKS ST ELIZABETHTOWN, NC 28337	000000025280	12/18/1938	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	459	459
MAIL		09/21/2018						N	P501	50	VV Absentee			9-6354		
ACKOY, KIM L			620 MCLEOD ST # 12B ELIZABETHTOWN, NC 28337	000000022369	04/03/1958	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	454	453
MAIL		09/21/2018						N	P502	50	VV Absentee			9-6347		
ICPHERSON, JACK ROBERT			155 OLD ABBOTTSBURG RD BLADENBORO, NC 28320	000000055049	11/13/1983	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	356	356
MAIL		09/21/2018						N	P10		VV Absentee					
ICPHERSON, SUMMER ICOLE			155 OLD ABBOTTSBURG RD BLADENBORO, NC 28320	000000050082	01/20/1990	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	377	377
MAIL		09/21/2018						N	P10		VV Absentee					
IELVIN, SHEWANIDA			1105 QUAIL ST ELIZABETHTOWN, NC 28337	000000043466	01/21/1981	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	467	466
MAIL		09/21/2018						N	P501	50	VV Absentee			9-6361		

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot	Seq
Send Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID		Num	
MELVYN, SHIRLEY ANN	1105 QUAIL ST ELIZABETH TOWN, NC 28337	0000000041514	08/05/1954	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	465	465
MAIL	09/21/2018					N	P501	50	VV Absentee		9-6360		470	480
MELVYN, TERA MONIQUE	1105 QUAIL ST ELIZABETH TOWN, NC 28337	0000000041514	09/16/1984	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	470	480
MAIL	09/21/2018					N	P501	50	VV Absentee		9-6364			
MOORE, RUDOLPH JR	200 VILLAGE ST # 9B BLADENBORO, NC 28320	0000000055285	11/27/1981	A	11/08/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	439	439
MAIL	09/21/2018					N	P202	20	VV Absentee					
MOULTRIE, DARLENE	810 JAMES ST ELIZABETH TOWN, NC 28337	000000015057	03/23/1959	A	11/08/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	463	462
MAIL	09/21/2018					N	P501	50	VV Absentee		9-6357			
MULLINS, TWANDA MONIQUE	167 ARNFIELD ST # 4 DUBLIN, NC 28332	0000000053229	09/19/1983	A	11/08/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	394	394
MAIL	09/21/2018					N	P16	15	VV Absentee					
JANCE, BILLY STEVE	112 GRACE ST BLADENBORO, NC 28320	0000000008937	08/10/1956	A	11/08/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	376	376
MAIL	09/21/2018					N	P201	20	VV Absentee					
JANCE, NICKSON STEPHEN	10107 NC 131 HWY BLADENBORO, NC 28320	0000000010389	06/20/1960	A	11/08/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	438	438
MAIL	09/21/2018					N	P202		VV Absentee					
JUCCI, NATHANAL PAUL	4447 OLD ABBOTTSBURG RD BLADENBORO, NC 28320	0000000058729	09/03/1996	A	11/08/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	316	316
MAIL	09/21/2018					N	P201		VV Absentee					

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31111	Ind Method	Sent Date	Return Method	Return Status	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Num	Seq
JSS, DAVID MAURICE			1702 NC 211 HWY W CLARKTON, NC 28343	000000007611	02/09/1950	A	11/09/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	331	331	
ALL	09/21/2018					N			P10		VV Absentee					
JMPSON, DAVID HUGH			1254 ZION HILL CHURCH RD BLADENBORO, NC 28320	000000054569	02/22/1963	A	11/09/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	359	359	
ALL	09/21/2018					N			P202		VV Absentee					
JMPSON, NANCY MAE			1254 ZION HILL CHURCH RD BLADENBORO, NC 28320	000000044144	07/24/1964	A	11/09/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP	000	441	441	
ALL	09/21/2018					N			P202		VV Absentee					
JAW, LESLIE A			131 BUTTERS LOOP RD BLADENBORO, NC 28320	000000033647	09/22/1977	A	11/09/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	442	442	
ALL	09/21/2018					N			P201		VV Absentee					
HERDIN, MAE OLA			1411 MARTIN LUTHER KING DR ELIZABETHTOWN, NC 28337	000000012538	01/05/1918	A	11/09/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM	000	457	458	
ALL	09/21/2018					N			P501	50	VV Absentee		9-5350			
NGLETARY, JAMES DIBERT			216 WEBB FAULK RD BLADENBORO, NC 28320	000000053604	08/30/1955	A	11/09/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	327	327	
ALL	09/21/2018					N			P202		VV Absentee					
NGLETARY, THOMAS NEIL			422 BUTTERS CEMETERY RD BLADENBORO, NC 28320	000000040007	01/08/1982	A	11/09/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	413	413	
ALL	09/21/2018					N			P201		VV Absentee					
GINNER, JAMES WESLEY			3221 TWISTED HICKORY RD ELIZABETHTOWN, NC 28337	000000023917	02/19/1973	A	11/09/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP	000	368	368	
ALL	09/21/2018					N			P501		VV Absentee					

Name	Address	VRN	DOB	Status	Election	Req Type	Req Reason	Req Status	Req Method	Party	Site	Machine	Ballot Seq
and Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID		Num
KIPPER, BARBARA PAIT	418 S ASHE ST BLADENBORO, NC 28320	000000005145	11/03/1932	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	352	352
ALL	09/21/2018					N	P201	20	VV Absentee				
MITH, WESPER LUCAS	34 LEMONBALK DR ELIZABETHTOWN, NC 28337	000000051541	07/13/1968	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP	000	398	398
ALL	09/21/2018					N	P15		VV Absentee				
MITH, JULIA	607 SMITH RD RIEGELWOOD, NC 28456	000000005480	08/21/1925	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	DEM	000	309	309
ALL	09/21/2018					N	P30	30	VV Absentee				
ONE, ZACHARY JAMES	15463 NC 131 HWY BLADENBORO, NC 28320	000000057849	12/20/1992	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	337	337
ALL	09/21/2018					N	P201		VV Absentee				
FRICK, CARLIE ELDON JR	422 BUTTERS CEMETERY RD BLADENBORO, NC 28320	000000040993	02/06/1942	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP	000	366	366
ALL	09/21/2018					N	P201		VV Absentee				
OMPSON, ADAM DELANE	2731 NC 410 HWY BLADENBORO, NC 28320	000000057710	08/28/1977	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	446	446
ALL	09/21/2018					N	P15		VV Absentee				
OMPSON, KASSIDY ELANE	2731 NC 410 HWY BLADENBORO, NC 28320	000000058830	08/05/1999	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	355	355
ALL	09/21/2018					N	P15		VV Absentee				
OMPSON, TAMMIE RANDLE	13004 NC 131 HWY BLADENBORO, NC 28320	000000025519	08/02/1961	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA	000	391	391
ALL	09/21/2018					N	P202		VV Absentee				

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Name	Address	VRN	DOB	Status	Election	Reg Type	Reg Reason	Reg Status	Reg Method	Party	Site	Machine	Ballot Num	Seq
Print Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precinct	Reg Muni	Source		Request ID			
DD, ROSA LEE	492 BURNEY RD BLADENBORO, NC 28320	000000046266	03/26/1966	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	385	385
ALL	09/21/2018					N	P10		VV Absentee					
JWINSO, DOROTHY CRDEAUX	420 E MCKAY ST # 7D ELIZABETHTOWN, NC 28337	000000012723	05/09/1932	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	458	457
ALL	09/21/2018					N	P502	50	VV Absentee		9-6351			
ALTERS, JOHN	1109 WIL LAMIS ST ELIZABETHTOWN, NC 28337	000000049064	09/26/1954	A	11/06/2018	CIVILIAN	NO EXCUSE	VALID	MAIL	DEM		000	455	454
ALL	09/21/2018					N	P501	50	VV Absentee		9-6348			
ALTERS, KAYLA NOEL	16048 NC 242 HWY S BLADENBORO, NC 28320	000000059849	07/26/1991	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	340	340
ALL	09/21/2018					N	P201		VV Absentee					
ALTERS, LINDA ANN	560 SUNSET PARK RD BLADENBORO, NC 28320	000000018218	07/06/1950	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	341	341
ALL	09/21/2018					N	P202		VV Absentee					
EAVER, MICHAEL LANE	9072 TWISTED HICKORY RD BLADENBORO, NC 28320	000000050019	09/30/1972	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	422	422
ALL	09/21/2018					N	P10		VV Absentee					
EAVER, TIFFANY LEIGH	9072 TWISTED HICKORY RD BLADENBORO, NC 28320	000000042041	07/31/1983	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	421	421
ALL	09/21/2018					N	P10		VV Absentee					
EST, JARED ALEXANDER	9072 TWISTED HICKORY RD BLADENBORO, NC 28320	000000057104	01/12/1998	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	UNA		000	383	383
ALL	09/21/2018					N	P10		VV Absentee					

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Total Records in report: 163

Name	Address	VRN	DOB	Status	Election	Reg Type	Reg Reason	Reg Status	Reg Method	Party	Site	Machine	Ballot Num	Seq
and Method	Sent Date	Return Method	Return Status	Return Dt	Board Mtg Dt	Is Archive	Reg Precheck	Reg Mntl	Source			Request ID		
ALLIANCE, JOAN PHYLLIS	16035 NC 242 HWY S BLADENBORO, NC 28320	000000005642	08/13/1945	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	313	319
ALLIANCE SHERILEE	1320 MURRAY HAYWOOD RD EVERGREEN, NC 28438	000000040561	08/31/1983	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	433	433
ALL	09/21/2018					N	P201		VV Absentee					
IX, ANGELA MARIE	155 OLD ABBOTTSBURG RD BLADENBORO, NC 28320	000000047775	04/28/1989	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	375	375
ALL	09/21/2018					N	P10		VV Absentee					
IX, MICHAEL DYMAVNE JR	155 OLD ABBOTTSBURG RD BLADENBORO, NC 28320	000000047828	12/14/1987	A	11/06/2018	CIVILIAN	MEDICAL - ANNUAL	VALID	MAIL	REP		000	425	425
ALL	09/21/2018					N	P10		VV Absentee					

PRINT RESULTS LIST VOTER LIST

NAME	ADDRESS	VRN	MUNI	PCT	AGE	STATUS	RO
AMS, TATUYA SHANTE	11436 NC 242 HWY S - BLADENBORO, NC 28320	0000000041763		P202	34	A	N
AMS, MARY FRANCES	11316 CENTER RD - BLADENBORO, NC 28320	0000000050008		P202	66	A	N
NS, MARLINE SMITH	1003 BUTLER MILL RD - BLADENBORO, NC 28320	000000009375	20	P202	91	A	N
EN, JOE R JR	105 ROBESON ST - TAR HEEL, NC 28392	0000000031792	60	P60	41	A	N
INSON, AUDREY ANTHONY	304 VILLAGE ST # 2C - BLADENBORO, NC 28320	0000000040066	20	P202	59	A	N
SON, BOBBY DALE	1676 NC 211 HWY W - CLARKTON, NC 28433	0000000058137		P10	59	A	N
SON, BRANDON WAYNE	1676 NC 211 HWY W - CLARKTON, NC 28433	0000000044452		P10	33	I	N
SON, SHEILA CARROLL	1676 NC 211 HWY W - CLARKTON, NC 28433	0000000025316		P10	55	A	N
FIELD, LINDA KAY	175 ARMFIELD ST - DUBLIN, NC 28332	0000000051694	15	P15	38	A	N
LEY, MICHAEL JAMES	11772 GRIMSLEY FARM RD - BLADENBORO, NC 28320	0000000056080		P10	63	A	N
, PATRICIA H	70 FREDRICK BRITT RD - BLADENBORO, NC 28320	0000000058908		P202	65	A	N
DEAUX, JONATHAN RYAN	8104 NC 41 HWY W - BLADENBORO, NC 28320	0000000046134		P16	30	A	N
DEAUX, LINDA IRENE	1835 CENTER RD - BLADENBORO, NC 28320	0000000040203		P15	49	A	N
DEAUX, STEVE YATES	1835 CENTER RD - BLADENBORO, NC 28320	0000000032157		P15	60	A	N
SON, JIMMY LEE	414 S ASHE ST - BLADENBORO, NC 28320	0000000057641	20	P201	81	A	N
SON, PHYLLIS CARROLL	414 S ASHE ST - BLADENBORO, NC 28320	0000000054559	20	P201	72	A	N
VN, SHIRLEY FAYE	428 S ASHE ST - BLADENBORO, NC 28320	0000000034196	20	P201	67	A	N
N, WAYNE R	3076 GUYTON RD - BLADENBORO, NC 28320	0000000024223		P202	66	A	N
MARY STOCKS	315 FOREST DR - BLADENBORO, NC 28320	0000000008319	20	P201	87	A	N
STEPHEN ALEXANDER	315 FOREST DR - BLADENBORO, NC 28320	0000000008320	20	P201	88	A	N
IRD, CONNIE DONETTE	63 KELLY ST - BLADENBORO, NC 28320	0000000058153	20	P201	44	A	N
ROBERT EARL	309 MIDWAY DR - BLADENBORO, NC 28320	0000000026563	20	P202	68	A	N
MARIE	322 SUNSET PARK RD - BLADENBORO, NC 28320	0000000043506		P202	91	A	N
IR, JESSE LEROY	303 PECAN ST # 5C - BLADENBORO, NC 28320	0000000060518	20	P202	31	A	N
BELL, LUEL MCKEITHAN	807 FOX ST - ELIZABETHTOWN, NC 28337	0000000011028	50	P501	81	A	N
INTES, JONATHAN DWAYNE	1187 STORMS RD - BLADENBORO, NC 28320	0000000055549		P202	23	A	N
IRE, KIMBERLY D	417 S MAIN ST - BLADENBORO, NC 28320	0000000048121	20	P201	36	A	N
IAN, JAMES DANIEL	192 WHITE OWL LOOP RD - BLADENBORO, NC 28320	0000000045049		P202	30	A	N

PRINT RESULTS LIST VOTER LIST

NAME	ADDRESS	VRN	MUNI	PCT	AGE	STATUS	RO
ISTAN, JAMES HERMAN	192 WHITE OWL LOOP RD - BLADENBORO, NC 28320	000000028157		P202	55	A	N
ISTAN, JESSICA DANIELLE	192 WHITE OWL LOOP RD - BLADENBORO, NC 28320	000000060167		P202	27	A	N
ISTAN, PHILLIS ANN	192 WHITE OWL LOOP RD - BLADENBORO, NC 28320	000000022517		P202	56	A	N
ISTAN, RANDY WAYNE SR	2850 BURNEY RD - BLADENBORO, NC 28320	000000023147		P10	63	A	N
ISTAN, VIRGIL HERMAN	20 WHITE OWL LOOP RD - BLADENBORO, NC 28320	000000060476		P202	77	A	N
ISTAN, YVONNE WALTERS	2850 BURNEY RD - BLADENBORO, NC 28320	000000022254		P10	56	A	N
ELMAN, MICHAEL W JR	310 E POPLAR ST #6 - BLADENBORO, NC 28320	000000041133	20	P201	47	A	N
LINS, IDA L	13654 TWISTED HICKORY RD - BLADENBORO, NC 28320	000000047169		P10	68	A	N
BETT, DEWAYNE	2030 WHITE OAK RD - KELLY, NC 28448	000000060913		P55	38	A	N
REA, CYNTHIA GAYLE	4465 OLD ABBOTTSBURG RD - BLADENBORO, NC 28320	000000031536		P201	66	A	N
VER, RANDY LEE	12006 NC 211 HWY W - BLADENBORO, NC 28320	000000042813		P202	32	A	N
VER, RYAN A	635 PAUL BRISSON RD - BLADENBORO, NC 28320	000000060186		P15	25	A	N
ERY, GLORIA ELAINE	10759 S COLLEGE ST #1F - CLARKTON, NC 28433	000000055976	25	P25	67	A	N
OLF, SYNNIE MARIE	13 BETHEL CHURCH RD - DUBLIN, NC 28332	000000048139	15	P15	64	A	N
OLF, RANDY SCOTT	13 BETHEL CHURCH RD - DUBLIN, NC 28332	000000047304	15	P15	48	A	N
CO, MORETTA E	901 VILLAGE ST - BLADENBORO, NC 28320	000000023762	20	P202	61	A	N
CO, LOUIS III	901 VILLAGE ST - BLADENBORO, NC 28320	000000028864	20	P202	57	A	N
AMANDA, RUBY	4455 OLD ABBOTTSBURG RD - BLADENBORO, NC 28320	000000047180		P201	29	A	N
CONNIE, DOWLESS	453 GABE JOHNSON DR - ELIZABETHTOWN, NC 28337	000000051118		P601	69	A	N
CYNTHIA, BURCHETTE	4471 OLD ABBOTTSBURG RD - BLADENBORO, NC 28320	000000050937		P201	58	A	N
JERRY WAYNE	453 GABE JOHNSON DR - ELIZABETHTOWN, NC 28337	000000052860		P501	64	A	N
MELBA, BRITT	4477 OLD ABBOTTSBURG RD - BLADENBORO, NC 28320	000000050070		P201	88	A	N
STEPHEN L	4455 OLD ABBOTTSBURG RD - BLADENBORO, NC 28320	000000047181		P201	35	A	N
TERRY LEE	4471 OLD ABBOTTSBURG RD - BLADENBORO, NC 28320	000000017088		P201	57	A	N
ESS, ROBERT L SR	7019 ALBERT ST - DUBLIN, NC 28332	000000059966	15	P15	55	A	N
ESS, SAMUEL PAUL	2766 TWISTED HICKORY RD - ELIZABETHTOWN, NC 28337	000000048726		P501	45	A	N
NORTH, DONNA JERNIGAN	200 PARSON ST - BLADENBORO, NC 28320	000000026917	20	P201	54	A	N
NORTH, RUFUS RALPH III	200 PARSON ST - BLADENBORO, NC 28320	000000026600	20	P201	61	A	N

PRINT RESULTS LIST VOTER LIST

	ADDRESS	VRN	MUNI	PCT	AGE	STATUS	RO
RD, DEBBIE TATUM	214 DIXIE LN - BLADENBORO, NC 28320	000000055257		P201	54	A	N
RD, BOBORA BRISSON	157 LUTHER BRISSON RD - BLADENBORO, NC 28320	000000031355		P202	53	A	N
S, STELLA LEE	20 WHITE OWL LOOP RD - BLADENBORO, NC 28320	000000060475		P202	72	A	N
S, FLOYD FRANKLIN	264 LUTHER BRISSON RD - BLADENBORO, NC 28320	000000033567		P202	56	A	N
S, APRIL	12042 NC 211 HWY W - BLADENBORO, NC 28320	000000055726		P202	34	A	N
HER, KENDREA	303 PECAN ST # 50 - BLADENBORO, NC 28320	000000050520	20	P202	40	A	N
NER, ROBERT L	608 BUTLER MILL RD - BLADENBORO, NC 28320	000000060302	20	P202	47	A	N
E, DARLENE DOVE	4447 OLD ABBOTTSBURG RD - BLADENBORO, NC 28320	000000040895		P201	62	A	N
ON, MARTHA L	47 J HILL ACRES RD - BLADENBORO, NC 28320	000000015085		P202	73	A	N
JEN, DENISE	10846 NC 242 HWY S - BLADENBORO, NC 28320	000000047932		P202	56	A	N
DENNIS EARL	6131 NC 211 HWY W - BLADENBORO, NC 28320	000000045138		P10	60	A	N
JUSTIN ARKELE	6131 NC 211 HWY W - BLADENBORO, NC 28320	000000059338		P10	21	A	N
IONIS DORIS LEE	511 J A CARROLL RD - BLADENBORO, NC 28320	000000058138		P15	77	A	N
OCK, DAVID KYLE	648 PAUL BRISSON RD - BLADENBORO, NC 28320	000000051056		P15	26	A	N
ING, DEE ANN	901 BALL PARK RD - BLADENBORO, NC 28320	000000056137		P202	52	A	N
EY, AMANDA JANE	303 PECAN ST # 50 - BLADENBORO, NC 28320	000000039873	20	P202	46	A	N
ER, ANTHONY VAN	6618 CENTER RD - BLADENBORO, NC 28320	000000021596		P202	57	A	N
ER, ERIC JOSEPH	55 HOLLY BRITT CT - BLADENBORO, NC 28320	000000024943		P202	42	A	N
ER, GRAHAM WAYNE	668 SUNSET PARK RD - BLADENBORO, NC 28320	000000060204		P202	64	A	N
ER, JAMES BARRY	1208 STORMS RD - BLADENBORO, NC 28320	000000031668		P202	64	A	N
ER, JENNIFER NOELE	668 SUNSET PARK RD - BLADENBORO, NC 28320	000000046059		P202	31	A	N
ER, JONATHAN WADE	1208 STORMS RD - BLADENBORO, NC 28320	000000052353		P202	25	A	N
ER, JUANITA EVERS	1208 STORMS RD - BLADENBORO, NC 28320	000000041441		P202	87	A	N
ER, TERESA FERRELL	6618 CENTER RD - BLADENBORO, NC 28320	000000006394		P202	56	A	N
ER, VANCE DONNELL	509 CHESTNUT ST - BLADENBORO, NC 28320	000000043924	20	P202	49	A	N
ER, WILMA EVERS	11 RICHARDSON RD - BLADENBORO, NC 28320	000000030636		P201	30	A	N
ER, WOODY DARREL	371 SUNSET PARK RD - BLADENBORO, NC 28320	000000010054		P202	56	A	N
ER, WYATT JOSEPH	55 HOLLY BRITT CT - BLADENBORO, NC 28320	000000060091		P202	19	A	N

PRINT RESULTS LIST VOTER LIST

NAME	ADDRESS	VRN	MUNI	PCT	AGE	STATUS	RO
SHEPHERD MARIE	191 STEPHIES WAY - BLADENBORO, NC 28320	000000060664		P15	41	A	N
IE, MICHAEL J	428 S ASHE ST - BLADENBORO, NC 28320	000000022824	20	P201	46	A	N
INGS, DEBORAH ANN	7365 NC 131 HWY - BLADENBORO, NC 28320	000000057625		P15	65	A	N
V, CHRISTOPHER SCOTT	7365 NC 131 HWY - BLADENBORO, NC 28320	000000024208		P15	44	A	N
SON, WILLIAM NEIL	484 PAGES LAKE RD - ST. PAULS, NC 28384	000000055674		P60	61	A	N
SON, MELISSA GAIL	511 MARTIN LUTHER KING JR DR - BLADENBORO, NC 28320	000000060466	20	P201	36	A	N
SON, RUNDEL MAYNARD	511 MARTIN LUTHER KING JR DR - BLADENBORO, NC 28320	000000060467	20	P201	36	A	N
S, JOHN ELMO	10759 S COLLEGE ST # 1D - CLARKTON, NC 28433	000000051209	25	P25	78	A	N
/, DOLORES DEAYER	3332 OLD ABBOTTSBURG RD - BLADENBORO, NC 28320	000000031368		P201	49	A	N
/, MICHAEL GLENN	3332 OLD ABBOTTSBURG RD - BLADENBORO, NC 28320	000000047346		P201	51	A	N
W, GENE W	1132 J A CARROLL RD - BLADENBORO, NC 28320	000000015028		P15	68	A	N
W, SHANNON G	1162 J A CARROLL RD - BLADENBORO, NC 28320	000000036306		P15	46	A	N
ERT, ROBERT ASHLEY	5401 NC 131 HWY - BLADENBORO, NC 28320	000000060641		P15	38	A	N
AND, SHIRLEY GINTEL	2206 SECOND AVE - ELIZABETHTOWN, NC 28337	000000011771	50	P501	93	A	N
NE, BRUCE F	52 POMPIE RD - ELIZABETHTOWN, NC 28337	000000041070		P15	62	A	N
EAR, MARILYN DENICE	2015 NC 211 HWY W - CLARKTON, NC 28433	000000060352		P10	46	A	N
, DONALD WINFRED	9933 NC 242 HWY S - BLADENBORO, NC 28320	000000010278		P202	85	A	N
, SHERRY PAIT	9933 NC 242 HWY S - BLADENBORO, NC 28320	000000021578		P202	63	A	N
, TONYA DENISE	600 N MAIN ST - BLADENBORO, NC 28320	000000060175	20	P202	38	A	N
, RODNEY GRANT	410 ANNE ST - BLADENBORO, NC 28320	000000021616	20	P202	47	A	N
JM, DAVID EARL JR	11314 CENTER RD - BLADENBORO, NC 28320	000000060306		P202	68	A	N
JM, GELLA KAY	11314 CENTER RD - BLADENBORO, NC 28320	000000053139		P202	68	A	N
JM, MILDRED B	11408 CENTER RD - BLADENBORO, NC 28320	000000010299		P202	90	A	N
JM, STEVE DONOVAN	111 PECAN ST - BLADENBORO, NC 28320	000000031144	20	P202	61	A	N
N, JERRY P	2799 PURDIE CHURCH RD - TAR HEEL, NC 28392	000000020406		P60	73	A	N
RS, DANIEL KASH	191 STEPHIES WAY - BLADENBORO, NC 28320	000000060665		P15	34	A	N
ERSON, JACK ROBERT	155 OLD ABBOTTSBURG RD - BLADENBORO, NC 28320	000000055049		P10	24	A	N
ERSON, SUMMER NICOLE	155 OLD ABBOTTSBURG RD - BLADENBORO, NC 28320	000000050082		P10	28	A	N

PRINT RESULTS LIST VOTER LIST

NAME	ADDRESS	VRN	MUNI	PCT	AGE	STATUS	RO
RE, RUDOLPH JR	200 VILLAGE ST # 98 - BLADENBORO, NC 28320	000000055285	20	P202	66	A	N
INS, GWANDA MONIQUE	167 ARMFIELD ST # 4 - DUBLIN, NC 28332	000000053229	15	P15	36	A	N
E, BENNY STEVE	112 GRACE ST - BLADENBORO, NC 28320	000000008937	20	P201	62	A	N
E, NICKSON STEPHEN	10107 NC 131 HWY - BLADENBORO, NC 28320	000000010388		P202	68	A	N
IL, MATTHANIAL PAUL	4447 OLD ABBOTTSBURG RD - BLADENBORO, NC 28320	000000058729		P201	22	A	N
ER, EULA M	200 VILLAGE ST # 11D - BLADENBORO, NC 28320	000000014609	20	P202	86	A	N
ER, MELISSA ANN	2751 NC 410 HWY - BLADENBORO, NC 28320	000000060174		P15	30	A	N
ST, SHELLA RICHARDSON	357 LENNON BAY DR - BLADENBORO, NC 28320	000000045637		P201	46	A	N
BRANDON LYNN	178 BUTTERS LOOP RD - BLADENBORO, NC 28320	000000052636		P201	24	A	N
NSON, JASON DEWAYNE	502 VILLAGE ST - BLADENBORO, NC 28320	000000039712	20	P202	37	A	N
, DEAN PATRICK	813 VILLAGE ST - BLADENBORO, NC 28320	000000051222	20	P202	60	A	N
, SAMUEL MAURICE	1702 NC 211 HWY W - CLARKTON, NC 28433	000000007611		P10	68	A	N
SON, DAVID HUGH	1254 ZION HILL CHURCH RD - BLADENBORO, NC 28320	000000054569		P202	55	A	N
SON, JANCY MAE	1254 ZION HILL CHURCH RD - BLADENBORO, NC 28320	000000044144		P202	54	A	N
LE, JIE A	131 BUTTERS LOOP RD - BLADENBORO, NC 28320	000000033647		P201	40	A	N
ETARY, JAMES ROBERT	216 WEBB FAULK RD - BLADENBORO, NC 28320	000000053604		P202	63	A	N
ETARY, THOMAS NEIL	422 BUTTERS CEMETERY RD - BLADENBORO, NC 28320	000000040007		P201	36	A	N
IER, JAMES WESLEY	3221 TWISTED HICKORY RD - ELIZABETHTOWN, NC 28337	000000023917		P501	45	A	N
ER, BARBARA PAIT	418 S ASHE ST - BLADENBORO, NC 28320	000000009145	20	P201	85	A	N
1, JASPER LUCAS	34 LEMONBALM DR - ELIZABETHTOWN, NC 28337	000000051541		P15	60	A	N
1, JULIA	607 SMITH RD - RIEGELWOOD, NC 28466	000000005460	30	P30	93	A	N
E, ZACHARY JAMES	15483 NC 131 HWY - BLADENBORO, NC 28320	000000057849		P201	26	A	N
KLAND, CARLIE WELDON JR	422 BUTTERS CEMETERY RD - BLADENBORO, NC 28320	000000040893		P201	76	A	N
IPSON, ADAM DELANE	2751 NC 410 HWY - BLADENBORO, NC 28320	000000057710		P15	41	A	N
IPSON, KASSIDY DELANE	2751 NC 410 HWY - BLADENBORO, NC 28320	000000059930		P15	19	A	N
IPSON, TIMMIE RANDLE	13004 NC 131 HWY - BLADENBORO, NC 28320	000000025619		P202	57	A	N
, TASHA LEE	492 BURNEY RD - BLADENBORO, NC 28320	000000046266		P10	32	A	N
ERS, KAYLA NOEL	15048 NC 242 HWY S - BLADENBORO, NC 28320	000000059849		P201	27	A	N

PRINT RESULTS LIST
VOTER LIST

NAME	ADDRESS	VRN	MUNI	PCT	AGE	STATUS	RO
ERS, LINDA ANN	550 SUNSET PARK RD - BLADENBORO, NC 28320	000000018218		P202	68	A	N
ER, MICHAEL LANE	9072 TWISTED HICKORY RD - BLADENBORO, NC 28320	000000050019		P10	45	A	N
ER, STEFANY LEIGH	9072 TWISTED HICKORY RD - BLADENBORO, NC 28320	000000042041		P10	35	A	N
ER, JARED ALEXANDER	9072 TWISTED HICKORY RD - BLADENBORO, NC 28320	000000057104		P10	20	A	N
FIELD, CHARLES THOMAS	10759 S COLLEGE ST # 1E - CLARKTON, NC 28433	000000049409	25	P25	66	A	N
AMS, JOAN PHYLLIS	16035 NC 242 HWY S - BLADENBORO, NC 28320	000000005642		P201	73	A	N
AMS, SHERILEE	1320 MURRAY HAYWOOD RD - EVERGREEN, NC 28438	000000040561		P201	35	A	N
INGELA MARIE	155 OLD ABBOTTSBURG RD - BLADENBORO, NC 28320	000000047775		P10	29	A	N
MICHAEL DWAYNE JR	155 OLD ABBOTTSBURG RD - BLADENBORO, NC 28320	000000047826		P10	30	A	N

Total Records in report: 149

Exhibit 4.2.3.1.2

Scanned Batch Cover Sheet

2018-10-25 11:31AM

Exhibit 4.2.3.1.2

2242 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-25 11:31AM	6	17	9882

Scan Date/Time: 2018-10-25 11:31AM

Batch Number: 6

Batch Size: 25

Source Code: 17

Batch ID: 9882

Operator: gward

Pos. Request - brought in
by Jessica Dowless -
10/15/18



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P25

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Elizabeth</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>10759 S College St Apt. 1 G</u>				Mailing Address (If different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional)	
NC License or ID Number			SSN		Email (optional)	
<u>X X X - X X</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		TIME REC'D BY OCT 15 2018 BLADEN CO. BD. OF ELECTIONS		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Todd</u>	First Name <u>Anthony</u>	Middle Name <u>D</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>157 Shannon Dr</u>		Mailing Address (If different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u> [REDACTED]			Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-5-18

X

Date

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS



State Absentee Ballot Request Form

North Carolina

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Tyndall	First Name Archie	Middle Name W	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 4979 US 701 S.		Mailing Address (if different than home address.)		
City Clarkton	State NC	Zip Code 28433	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence Previous Name (if applicable)		
You must provide at least one identification number below. (For see instructions.) NC License or ID Number X X X - X X [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
RECEIVED OCT 15 2018 BLADEN CO. BD. OF ELECTIONS				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address:		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
 [REDACTED] **X**
 Date **8/5/18**



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name	First Name	Middle Name	Suffix	Date of Birth	
Tyndall	Larry	L			
Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
4979 US 701 S.					
City	State	Zip Code	City	State	Zip Code
Clarkton	NC	28433			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number			Optional		
X X X - X X -					

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
Same			
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>			
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility: _____</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (if applicable)	Signature of Near Relative/Legal Guardian (if applicable)
8/5/18	X
Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

2247 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Adams</u>	First Name <u>Terrica</u>	Middle Name <u>Carter</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>250 mobile DR</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX [REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address: <u>[REDACTED]</u>

Signature of Voter (or near relative/guardian if applicable)
[REDACTED]
Date
8/5/18

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED]
Date
[REDACTED]



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Norris</u>	First Name <u>Sawyer</u>	Middle Name <u>ID</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>517 Ruskin Rd.</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number		Voter Registration No. Optional	Phone (optional)	Email (optional)
SSN <u>XXX - XX - [REDACTED]</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> <u>Unaffiliated</u> REC'D BY <u>BLADEN CO. BD. OF ELECTIONS</u></p> <p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p> <p>Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent</p> <p><input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law</p> <p><input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian</p>			
Requestor's Address:		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-7-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Morris</u>		First Name <u>Charles</u>		Middle Name <u>E</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>517 Ruskin Rd.</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>/ /</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX X - XX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>OCT 15 2018</u>	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

08-07-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Nance</u>		First Name <u>Dustin</u>		Middle Name <u>W</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>11832 Hwy 242 South</u>				Mailing Address (if different than home address.)		
City <u>Bladeboro</u>	State <u>NC</u>	Zip Code <u>28330</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Bladeboro</u>	State <u>NC</u>	Zip Code <u>28330</u>
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

S [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
8-7-18 X
 Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lanier</u>		First Name <u>Douglas</u>		Middle Name <u>W</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>94 Shannon Dr</u>				Mailing Address (If different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions) NC license or ID Number <u>X X X - X X</u> [REDACTED]			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian		REC'D BY BLADEN CO. BD. OF ELECTIONS OCT 15 2018		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-5-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lanier</u>		First Name <u>Shirley</u>		Middle Name <u>N</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>94 Shannon Dr.</u>				Mailing Address (if different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>						
You must provide at least one identification number below. (or see instructions) <small>NC License or ID Number</small> <u>X X X - X X</u> [REDACTED]			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian		<div style="text-align: right;"> RECEIVED OCT 15 2018 <small>TIME</small> BLADEN CO. BD. OF ELECTIONS </div>		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-5-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name	First Name	Middle Name	Suffix	Date of Birth	
Campbell	Leslie	A			
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
64 Shannon Dr					
City	State	Zip Code	City	State	Zip Code
Clarkton	NC	28433			
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		
NC License or ID Number			Phone (optional)		
X X X - X X			Email (optional)		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
Same		OCT 15 2018	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot reference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> <u>LIBERAL</u> CO. BD. OF ELECTIONS <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law
			<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Legal Guardian (if applicable)
X	X
8/3/18	
Date	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name Campbell		First Name Ramaiah		Middle Name Tyndall		Suffix [REDACTED]	
Home Address (NC Residential Address): 64 Shannon Dr				Mailing Address (if different than home address): [REDACTED]			
City Clarkton		State NC	Zip Code 28433	City [REDACTED]		State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence [REDACTED]		Previous Name (if applicable) [REDACTED]	
If "No," indicate the date of your move: ____/____/____							
You must provide at least one identification number below. (or see instructions) NC license or ID Number [REDACTED]				Voter Registration No. Optional [REDACTED]		Phone (optional) [REDACTED]	
						Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State		Zip Code	
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot reference:</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p> <p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility: _____</p>							
<p><i>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</i></p> <p>Requestor's Name _____</p> <p><input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent</p> <p><input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law</p> <p><input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian</p>							
Requestor's Address _____				Name of Corporation (if appointed legal guardian) _____			
City _____		State _____	Zip Code _____	Requestor's Phone _____		Requestor's Email _____	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

8/5/18
Date

Date _____



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>		First Name <u>Johnny</u>		Middle Name <u>C</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>202 Harrelson Rd</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NE</u>	Zip Code <u>28333</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX</u>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p> <p>REC'D BY <u>BLADEN CO. BO. OF ELECTIONS</u></p> <p>OCT 15 2018</p> <p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p> <p>Requestor's Name</p> <p><input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent</p> <p><input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law</p> <p><input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian</p>				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely</p>	
Current Address (Address where you are currently stationed or living overseas.)	<p>Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p> <p>Fax Number or Email Address</p>

Signature of Near Relative/Legal Guardian (if applicable) <u>8-5-18 X</u>	Date
--	------

TO: BLADEN COUNTY BOARD OF ELECTIONS



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>	First Name <u>Ricky</u>	Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>5129 US 701 S Hwy</u>		Mailing Address (if different than home address.) [REDACTED]		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>/ /</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC license or ID Number: <u>XXX - XX</u>		Voter Registration No. Optional		
		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <u>Democratic</u> <input type="checkbox"/> <u>Republican</u> <input type="checkbox"/> <u>Libertarian</u> <input type="checkbox"/> <u>Non-partisan</u> <input type="checkbox"/></p> <p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p> <p>Requestor's Name</p> <p><input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent</p> <p><input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law</p> <p><input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian</p>			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

[Signature] 8-5-18 X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
3015 Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 5, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tatum</u>	First Name <u>Melissa</u>	Middle Name <u>Ann</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2023 Sweethome Church Rd.</u>		Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan</p> <p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Seals	First Name Vincent	Middle Name E	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 2025 Sweet Home Church Rd		Mailing Address (if different than home address.) [REDACTED]		
City Elizabethtown	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below, or see instructions. NC License or ID Number XX XX - XX		Voter Registration No. Optional	Phone (optional)	Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same	City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (must be signed)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Seals</u>		First Name <u>Victoria</u>		Middle Name <u>Ann</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>2023 Sweethome Church Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u> [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

RECEIVED

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature (Voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

B-26-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>LIPOFSKI</u>	First Name <u>Joseph</u>	Middle Name <u>m</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>40 RUSS ST</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

RECEIVED

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas):

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dorsett</u>		First Name <u>Angela</u>		Middle Name <u>B</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>4242 HW 211 E</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p> <p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p> <p>Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent</p> <p><input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law</p> <p><input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian</p>				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED]
Date 9/5/18

X
Date [REDACTED]



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bass</u>	First Name <u>Robert</u>	Middle Name <u>Lee</u>	Suffix <u>Jr</u>	[REDACTED]
Home Address (NC Residential Address.) <u>9838 Mercer Mill Rd</u>		Mailing Address (If different than home address.) [REDACTED]		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u> [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. OF ELECTIONS <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED]

9-5-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301.5 Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p.502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Autry</u>	First Name <u>David</u>	Middle Name <u>G</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Resident Address) <u>615 Rosewood St Apt 4C</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>334</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)
<u>X X X - X X - [REDACTED]</u>				

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <u>BLADEN CO. BO. OF ELECTIONS</u> <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Harrington</u>	First Name <u>Ruth</u>	Middle Name <u>A</u>	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>1755 Mercer Mill Brownmarsh</u>			Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) <small>NC License, ID Number</small> <u>X X X - X X</u> [REDACTED]			Voter Registration No. Optional		Phone (optional)
					Email (optional)

RECEIVED
 OCT 15 2018
 TIME REC'D BY: [REDACTED]
 BLADEN CO. Bd. of ELECTIONS

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u> [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>8-31-18 X</u> [REDACTED]
Date	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Anderson</u>		First Name <u>Jonathan</u>		Middle Name <u>A</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>3222 US HWY 701 South</u>				Mailing Address (If different than home address.)		
City <u>Clarksboro</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>/ /</u>						
You must provide at least one identification number below, for use in verification. NC License or ID Number <u>XXXXXXXX</u>			Voter Registration No. Optional		Phone (optional)	
					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>CLARKSBORO</u>	State <u>NC</u>	Zip Code <u>28433</u>
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-31-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsb.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Harvey</u>	First Name <u>Brian</u>	Middle Name <u>W</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>202 Pecan Dr</u>		Mailing Address (if different than home address.)		
City <u>Bladen Elizabethtown</u>	State <u>NE</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number SSN <u>XXX - XX</u> [REDACTED]		Optional		

RECEIVED
NOV 15 2018
TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sign <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8/23/18</u> <u>X</u>
	Date



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>HOKNE</u>	First Name <u>Velma</u>	Middle Name <u>F</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>208 Village St 208 5-D</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number		Voter Registration No. <u>[REDACTED]</u>	Phone (optional)
SSN <u>X X X - X X [REDACTED]</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City <u>[REDACTED]</u>	State <u>NC</u>	Zip Code <u>[REDACTED]</u>
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <u>REC'D BY</u></p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>			
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility: _____</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address: _____

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] 2013-18 X
 Date Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-24 6:01PM	10	17	9876

Scan Date/Time: 2018-10-24 6:01PM

Batch Number: 10

Batch Size: 25

Source Code: 17

Batch ID: 9876

Operator: gward

Abs. Request-brought in
by Jessica Dowless
10/15/18



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sells</u>		First Name <u>Ralph</u>		Middle Name <u>Mike</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>479 Willard Tatum Rd</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u> </u> SSN: <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <u> </u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> sibling <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas:)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS



State Absentee Ballot Request Form

North Carolina

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

Q 202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Simmons		First Name Sabrina		Middle Name R	Suffix [REDACTED]
Home Address (NC Residential Address.) 506 Catfish Farm				Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
RECEIVED				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter	<input type="checkbox"/> stepdaughter	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable) [REDACTED]	8-25-18 X
Date	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 2272 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown


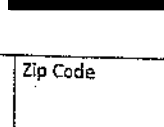

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Singletary</u>		First Name <u>James</u>		Middle Name <u>Lee</u>	Suffix 
Home Address (NC Residential Address) <u>706 Spinners Court</u>				Mailing Address (if different than home address.) 	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No.		
SSN <u>X X X - X X</u> 			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name				
<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on: NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Huffman</u>		First Name <u>Sonia</u>		Middle Name <u>Denise</u>	Suffix	Date of Birth
Home Address (NC Residential Address) <u>251 Gabe Johnson Dr</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>X X X - X X</u>			Voter Registration No. Optional		Phone (optional)	
					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 837</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian) TIME REC'D BY BLADEN CO. BD. OF ELECTIONS			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Sign	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Faison</u>		First Name <u>Nakya</u>		Middle Name <u>Rachelle</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>5933 Chickenfoot Rd</u>				Mailing Address (If different than home address.)			
City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State <u>NC</u>	Zip Code <u>28384</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>[REDACTED]</u>				Voter Registration No. <u>[REDACTED]</u>		Phone (optional)	
SSN <u>XXX - XX - [REDACTED]</u>				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>5933 Chickenfoot Rd</u>		City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if requested by a corporation)		
City	State	Zip Code	Requestor's Phone	
			RECEIVED OCT 15 2018 TIME REC'D BY BLADEN CO. BO. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/4/18 X

Date



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Yarbrough</u>		First Name <u>Dewey</u>		Middle Name <u>C</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>15546 NC Hwy 131</u>			Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 593</u>			City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Keri Yarbrough</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>15546 NC Hwy 131</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>			
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone <u>[REDACTED]</u>		
			Requestor's Email <u>[REDACTED]</u>		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)			
Select one of the options below to qualify as a military or overseas voter:			
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.			
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u>		Signature of Near Relative/Legal Guardian (if applicable) <u>X [Signature]</u>	
Date		Date	



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

2276 of 2469

9202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Davis</u>	First Name <u>Terry</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>157 Airport Rd</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number (SSN) <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 2277 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown.

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p 202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edwards</u>		First Name <u>Stephen</u>		Middle Name <u>W</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>10849 HWY 242</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]			Voter Registration No. [REDACTED]		Phone (optional) [REDACTED]	Email (optional) [REDACTED]
X X X - X X - [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edwards</u>	First Name <u>W</u>	Middle Name <u>J</u>	Suffix <u>Jr</u>
Home Address (NC Residential Address.) <u>314 5th street</u>		Mailing Address (if different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/18</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional) Email (optional)
NC License or ID Number <u>X X X - X X - [REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>314 PO Box 691</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable) <u>[REDACTED]</u>	Date <u>10/11/18</u>
--	-------------------------



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Dwens</u>	First Name <u>Gregory</u>	Middle Name <u>J</u>	Suffix	Date of Birth	
Home Address (NC Residential Address.) <u>250 mobile Dr</u>			Mailing Address (if different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>Terria Dwens</u>	<input checked="" type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address <u>250 mobile Dr</u>	Name of Corporation (if appointed legal guardian)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	Requestor's Phone <u>910-635-5485</u>
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X Terria Dwens</u>
Date	Date <u>8/5/18</u>



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S. Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Simmons</u>	First Name <u>Joshua</u>	Middle Name <u>Edward</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>146 Daves Drive</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>/ /</u>		Previous Name (if applicable)	
You must provide at least one identification number below, (or see instructions) NC License or ID Number <u>XX X - XX [REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>	City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>Brittany Simmons</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>146 Daves Drive</u>	Name of Corporation (if appointed legal guardian)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	Requestor's Phone <u>910-633-8718</u>
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Brittany Simmons
8/20/18

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

P.O. Box 512
Elizabethtown

PHONE: 910-862-6951

bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Bordeaux		First Name Marshall		Middle Name Arthur		Suffix	
Home Address (NC Residential Address.) 2238 Owen Hill Rd				Mailing Address (If different than home address.)			
City Elizabethton		State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/							
You must provide at least one identification number below, (for see instructions)				Voter Registration No.		Phone (optional)	
NC License and Number		SSN		Optional		Email (optional)	
XXX-XX-		[REDACTED]		[REDACTED]		[REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Date: _____

Signature of Near Relative/Legal Guardian (if applicable) _____

* Nancy D Bordeaux

Date _____



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Jackson		First Name William		Middle Name Alan	Suffix [REDACTED]
Home Address (NC Residential Address.) 3951 N Mitchell Ford Rd				Mailing Address (if different than home address.) [REDACTED]	
City Clarkton	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: 1/1/18			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXXXXXXX - XX - [REDACTED]			Voter Registration No. (Optional) [REDACTED]		
			Phone (optional) [REDACTED]		
			Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Denette B Jackson		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 3951 N. Mitchell Ford Rd		Name of Corporation (if appointed legal guardian)		
City Clarkton	State NC	Zip Code 28433	Requestor's Phone 910 876 2108	Requestor's Email Jacksonarf@yahoo.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X Denette B Jackson

8/14/18

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Huggins</u>		First Name <u>Kenneth</u>		Middle Name <u>Ray</u>	Suffix	Date of Birth [REDACTED]
Home Address (No Residential Address.) <u>99 Devore Lane</u>				Mailing Address (If different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXXXX</u>			Voter Registration No. <u>Optional</u>	Phone (optional) <u>101</u>	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>110 Devore Ln</u>		City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Teresa Huggins</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>110 Devore L</u>		Name of Corporation (if appointed legal guardian)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X Teresa Huggins 8-22-18
Date



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sessom</u>	First Name <u>Lloyd</u>	Middle Name <u>m</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2622 Harrelson Rd</u>		Mailing Address (if different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number (537) <u>X X X - X X</u>		Voter Registration No. Optional	Phone (optional) <u>RECEIVED</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State <u>BLADEN CO. BOARD OF ELECTIONS</u>	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
8-5-18 X
 Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

75

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Beyer</u>	First Name <u>Donald</u>	Middle Name <u>Martin</u>	Suffix <u>MR</u>
Home Address (NC Residential Address.) <u>6010 Rowell Road</u>		Mailing Address (If different than home address.) <u>PO Box 1199</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Elizabethtown</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		State <u>NC</u>	Zip Code <u>28337</u>
If "No," indicate the date of your move: <u>1/1/18</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional <u>1015</u>	Phone (optional) <u>Bladen Hardware @ Hot mail</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1199 Elizabethtown</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

S	Signature of Near Relative/Legal Guardian (if applicable) <u>7302018X</u>
	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Simmons</u>	First Name <u>Brittany</u>	Middle Name <u>Renee</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>146 Daves Drive</u>		Mailing Address (if different than home address.) [REDACTED]	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u> [REDACTED]		Voter Registration No. Optional	Phone (optional) <u>910-777-7777</u>
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax/Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable) <u>[REDACTED]</u>	Date <u>8/20/18</u>
--	------------------------



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown, NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tarrow</u>		First Name <u>Michael</u>		Middle Name <u>R</u>	Suffix <u>II</u>
Home Address (NC Residential Address) <u>2670 Coley Rd</u>				Mailing Address (If different than home address)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XXX</u>			Voter Registration No. <u> </u> Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
RECEIVED OCT 15 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Farrow</u>		First Name <u>Shelby</u>		Middle Name <u>J</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2670 Coley Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) <small>NC License or ID Number</small> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">SSN</div> <div style="margin-left: 10px;">X X X - X X [REDACTED]</div> </div>				Voter Registration No. <small>Optional</small>	Phone (optional) [REDACTED]
				Email (optional)	

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>			City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign <u>[REDACTED]</u> <u>X</u> Date <u>8-20-18</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> Date
---	---



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 2289 of 2469

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Carlton</u>	First Name <u>Alice</u>	Middle Name <u>Faye</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>178 Butters Loop Rd</u>			Mailing Address (if different than home address.)	
City	State	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: <u>/ /</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional <u>RECEIVED</u>	Phone (optional) [REDACTED]
			Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City <u>BLADEN CO. BD. OF ELECTIO</u>	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

1202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cain</u>	First Name <u>Marie</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>322 Sunset Park Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-25-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p10

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bullard</u>		First Name <u>Douglas</u>		Middle Name <u>Earl</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>3109 Grimsley Farm Rd</u>				Mailing Address (if different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>/ /</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X -</u>			Voter Registration No. Optional <u>RECEIVED</u>	Phone (optional) <u></u>	Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City <u>BLADEN CO. BD. OF ELECTIONS</u>	State <u>NC</u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-14-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 2292 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name Bordeaux		First Name Stete		Middle Name Yates	Suffix [REDACTED]
Home Address (NC Residential Address.) 1835 Center Rd			Mailing Address (if different than home address.)		
City Bladenboro	State	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. Optional	Phone (optional)	Email (optional)
SSN X X X - X X [REDACTED]					

Absentee Voting Information		RECEIVED	
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
		OCT 15 2018	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: REC'D BY			
<input type="checkbox"/> Democratic		<input type="checkbox"/> Republican	
		<input type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature X	Signature of Near Relative/Legal Guardian (if applicable) X
	Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 2293 of 2469

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-852-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Bordeaux</u>		First Name <u>Linda</u>		Middle Name <u>Irene</u>	Suffix
Home Address (NC Residential Address.) <u>1835 Center Rd</u>		Mailing Address (if different than home address.) 			
City <u>Bladenboro</u>	State 	Zip Code <u>28320</u>	City 	State 	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence 		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable) 		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional 	Phone (optional) 	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 		City <u>RECEIVED</u> <u>OCT 15 2018</u>	State
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		TIME <u>REC'D BY</u> <u>BLADEN CO. BOE OF ELECTIONS</u>	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you are requesting your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: 			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name 		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address 		Name of Corporation (if appointed legal guardian) 	
City 	State 	Zip Code 	Requestor's Phone
		Requestor's Email 	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) 	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Sowers		First Name Leomia		Middle Name H	Suffix [REDACTED]
Home Address (NC Residential Address.) 390 Twisted Hickory #3			Mailing Address (if different than home address.)		
City Elizabethtown		State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN XXX - XX [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above				City		State		Zip Code		
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan										
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No										
If "Yes," what is the name and address of the hospital or facility:					TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:										
Requestor's Name					<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address:					Name of Corporation (if appointed legal guardian)					
City			State		Zip Code		Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing <u>outside</u> the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signat

Signature of Near Relative/Legal Guardian (if applicable)

X

8-28-18

X

Date _____

0.1

Scan Date	Batch Number	Source Code	Batch ID
2018-10-24 4:45PM	9	17	9875

Scan Date/Time: 2018-10-24 4:45PM

Batch Number: 9

Batch Size: 6

Source Code: 17

Batch ID: 9875

Operator: gward

Abs. Request-brought
in by Wanda Munroe
10/24/18 GPW



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Corbett</u>		First Name <u>Lula</u>		Middle Name <u>M</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>730 Mooreswamp Rd</u>				Mailing Address (If different than home address.)	
City <u>Ivanhoe</u>	State <u>NC</u>	Zip Code <u>28447</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
 OCT 24 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
X
 Date 10/22/18



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Brown</u>	First Name <u>Gregory</u>	Middle Name <u>n</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address): <u>53 COTHUR RD</u>		Mailing Address (If different than home address):		
City <u>Kelly</u>	State <u>NC</u>	Zip Code <u>28442</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence: <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional		
NC License and Number	SSN	Phone (optional)		
	<u>XXX - XX - [REDACTED]</u>	Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 24 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas):	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

X OCT 22

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jessup</u>		First Name <u>Brenda</u>		Middle Name <u>Mayes</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>152 Pine Oak Rd</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Juanhoe</u>	State <u>NC</u>	Zip Code <u>28447</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>6/18/18</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX-[REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 24 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas:)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Pridgen</u>	First Name <u>Alene</u>	Middle Name <u>R</u>	Suffix <u></u>	Date of Birth <u></u>
Home Address (NC Residential Address.) <u>1421 Moore Swamp Rd</u>		Mailing Address (If different than home address.) <u></u>		
City <u>Ivanhoe</u>	State <u>NC</u>	Zip Code <u>28447</u>	City <u></u>	State <u></u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions) NC Driver's License Number <u>XXX - XX</u>			Voter Registration No. <u></u>	Phone (optional) <u></u>
			Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u></u>	Name of Corporation (if appointed legal guardian) <u></u>			
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

RECEIVED

OCT 24 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature of Voter (Voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St.
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Stringer</u>		First Name <u>Id</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>PO Box 24</u>				Mailing Address (If different than home address.)		
City	State	Zip Code	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. Optional	Phone (optional)	Email (optional)	
<u>XXX - XX - [REDACTED]</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED

OCT 24 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

<u>X</u> [REDACTED]	<u>X</u> <u>Oct 22</u>	<u>2018</u>
Date	Date	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.bee@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name: <u>Foy</u>	First Name: <u>VINCENT</u>	Middle Name: <u>B</u>	Suffix: <u>[REDACTED]</u>
Home Address (NC Residential Address): <u>SCAME</u>		Mailing Address (If different than home address): <u>[REDACTED]</u>	
City: <u>P.O. BOX 104</u>	State: <u>NC</u>	Zip Code: <u>28348</u>	City: <u>KELLY</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	County of Residence: <u>NC</u>	Previous Name (if applicable): <u>28348</u>	
If "No," indicate the date of your move: <u>1 / 1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional: <u>[REDACTED]</u>	Phone (optional): <u>[REDACTED]</u>
		Email (optional): <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):		City:	State:	Zip Code:
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name:	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address:	Name of Corporation (if appointed legal guardian):			
City:	State:	Zip Code:	Requestor's Phone:	Requestor's Email:

RECEIVED

OCT 24 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date: _____

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-24 12:39PM 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-24 12:39PM	7	07	9873

Scan Date/Time: 2018-10-24 12:39PM

Batch Number: 7

Batch Size: 2

Source Code: 07

Batch ID: 9873

Operator: gward

Abs. Request - in person

10/24/18 GW



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov 6 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dove</u>		First Name <u>Austin</u>		Middle Name <u>Kevin</u>	Suffix <u>III</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>37 Brisson RD</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX-[REDACTED]</u>			Voter Registration No. <u>52894</u>		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>37 Brisson RD</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (Print) (Last) <u>RECEIVED</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>OCT 24 2018</u>		Name of Corporation (if appointed legal guardian)		
City <u>BLADEN CO. BD. OF ELECTIONS</u>	TIME <u>RECEIVED</u>	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

<u>[REDACTED]</u> Date	<u>X</u> Date
---------------------------	------------------



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Bevor</u>		First Name <u>Brooklyn</u>		Middle Name <u>Mane</u>	Suffix
Home Address (NC Residential Address.) <u>4816 Twisted Hickory Road</u>		Mailing Address (If different than home address.)			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX-XX-</u>			Voter Registration No. <u>58180</u>	Phone (optional)	Email (optional) <u>b.beyord@gmail.com</u>

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>4816 Twisted Hickory Road</u>		City <u>Elizabethtown</u>	State <u>NC</u>
		Zip Code <u>28337</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>RECEIVED</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>OCT 24 2018</u>	Name of Corporation (If appointed legal guardian)		
City <u>BLADEN CO.</u>	TIME <u>BD. OF ELECTIONS</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig <u>10/18/18</u>	Signature of Near Relative/Guardian (if applicable) <u>X</u>
Date	Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-24 11:26AM	5	07	9871

Scan Date/Time: 2018-10-24 11:26AM

Batch Number: 5

Batch Size: 3

Source Code: 07

Batch ID: 9871

Operator: gward

Abs. Request - in person
10/24/18 GAW



State Absentee Ballot Request Form

North Carolina Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 2309 of 2469
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dennis</u>		First Name <u>Hugh</u>		Middle Name <u>Chapman</u>	Suffix <u></u>	Date of Birth <u></u>
Home Address (NC Residential Address.) <u>1256 Cromartie Rd</u>				Mailing Address (if different than home address.) <u>P.O. Box 26</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable) <u></u>	
If "No," indicate the date of your move: <u>1-1-</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number SSN <u>X X X - X X -</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 26</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Nicole S Dennis</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>P.O. Box 26</u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-645-4925</u>	Requestor's Email <u></u>

RECEIVED

OCT 24 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

10-32-18
Date

10-22-18
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Avant		First Name Amber		Middle Name Warwick	Suffix	Date of Birth
Home Address (NC Residential Address.) 792 Hickman Road				Mailing Address (If different than home address.) 792 Hickman Road		
City Bladenboro	State NC	Zip Code 28320	City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]				Voter Registration No. Optional		
SSN X X X - X X - [REDACTED]				Phone (optional)		
				Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 792 Hickman Road		City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

RECEIVED

OCT 24 2018

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Name of Corporation (if appointed legal guardian)

RECEIVED

City
Bladenboro

Requestor's Phone

Requestor's Email

TIME: **10/23/18** REC'D BY: **[REDACTED]**
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

elect one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas):

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter
[REDACTED]

10/23/18


10/26/18

Date

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED]

X

Date

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	<p>NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255</p> <p>PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov</p>
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information					
Last Name monroe		First Name john		Middle Name	Suffix
Date of Birth [REDACTED]					
Home Address (NC Residential Address.) 3435 mercer mill rd			Mailing Address (If different than home address.)		
City elizabethtown	State nc	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number [REDACTED]			SSN X X X - X X - [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 195 willoughby ave apt 407		City brooklyn	State ny
Zip Code 11205			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
Requestor's Email			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)	
10/23/18	X
Date	

www.NCSBE.gov to check your voter registration or absentee voting status.

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-23 4:00PM
2313 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-23 4:00PM	9	07	9866

Scan Date/Time: 2018-10-23 4:00PM

Batch Number: 9

Batch Size: 2

Source Code: 07

Batch ID: 9866

Operator: vpmckoy



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Bennett		First Name Tyler		Middle Name Blake	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 386 Hillside Circle				Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence Wake	Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No.	Phone (optional) 910-876-3657	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 536 Cozy Crest Drive		City Raleigh	State NC	Zip Code 27603
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian) [REDACTED] NOV 23 2018		
City	State	Zip Code	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

[REDACTED] 10/13/2018 [REDACTED]
Date Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301.5 Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov 6 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Hatcher</u>		First Name <u>Aline</u>		Middle Name <u>M.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>18244 Hwy 87 E</u>			Mailing Address (if different than home address.) <u>Same</u>		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number <u>XXX-XX-XXXX</u>					

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>18244 Hwy 87 E</u>		City <u>Riegelwood</u>	State <u>NC</u>
		Zip Code <u>28456</u>	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>Alfonza Hatcher</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address <u>18244 Hwy 87 E</u>		Name of Corporation (if appointed legal guardian)	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	Requestor's Phone <u>---</u>
		Requestor's Email <u>---</u>	

RECEIVED

OCT 23 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X Alfonza Hatcher</u>
Date	Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-23 1:30PM	7	07	9864

Scan Date/Time: 2018-10-23 1:30PM

Batch Number: 7

Batch Size: 1

Source Code: 07

Batch ID: 9864

Operator: gward

Eugene Filmyal -
brought in by daughter -
10/23/18 GAW



State Absentee Ballot Request Form

North Carolina Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 2318 of 2469
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Floyd</u>		First Name <u>Eugene</u>		Middle Name <u>Ross</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>473 Longview Rd</u>				Mailing Address (If different than home address.) <u>473 Longview Rd</u>		
City <u>Kelly</u>	State <u>NC</u>	Zip Code <u>28448</u>	City <u>Kelly</u>	State <u>NC</u>	Zip Code <u>28448</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No.		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name: <u>Same</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 23 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Relative/Near Guardian (if applicable)

Kelly Marie Jacobs 10/23/2018
Date

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-23 1:09PM
2320 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-23 1:09PM	6	07	9863

Scan Date/Time: 2018-10-23 1:09PM

Batch Number: 6

Batch Size: 2

Source Code: 07

Batch ID: 9863

Operator: gward

Obs Request - in person
10/23/18



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name PAIT	First Name VICTORIA	Middle Name GRACE	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 91 PARSONAGE RD		Mailing Address (if different than home address.) 39 Jude Court		
City BLADENBORO	State NC	Zip Code 28320	City Greer	State SC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence BLADEN	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]		Voter Registration No. 000000054826	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 39 Jude Court		City Greer	State SC	Zip Code 29651
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Angela Pait	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address 91 Parsonage Rd.	Name of Corporation (if appointed legal guardian)			
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone 863-4807	Requestor's Email adpait@juno.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		<div style="text-align: center;"> RECEIVED OCT 23 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>
Current Address (Address where you are currently stationed or living overseas.)		
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email		
Fax Number or Email Address		

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X Angela Pait

10.23.18

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary General
Election Type (Primary, General, Municipal, Special, etc.)

11/2018
Election Date

Voter Information

Last Name PONE		First Name BESSIE		Middle Name SPIVEY	Suffix	Date of Birth
Home Address (NC Residential Address.) 16521 TWISTED HICKORY RD.				Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions) NC License or ID Number XXX - XX - [] [] []			Voter Registration No. 00000		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 10 Berea Ct		City Greensboro	State NC	Zip Code 27406
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 23 2018
REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

[Signature]

[Signature]

Date

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-23 10:48AM

2324 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-23 10:48AM	4	07	9861

Scan Date/Time: 2018-10-23 10:48AM

Batch Number: 4

Batch Size: 1

Source Code: 07

Batch ID: 9861

Operator: gward

(Odessa Graham)
Abs. Request - brought in
by Husband - 10/23/18 GPU



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name GRAHAM		First Name ODESSA		Middle Name S	Suffix [REDACTED]
Home Address (NC Residential Address.) 2593 BALTIMORE RD.			Mailing Address (If different than home address.)		
City COUNCIL	State NC	Zip Code 28434	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence BLADEN		
You must provide at least one identification number below. (or see instructions) NC license or ID Number			Voter Registration No. 000000016959	Phone (optional)	Email (optional)
SSN X X X - X X [REDACTED]					

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
		Zip Code	
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p> <p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p> <p>Requestor's Name: <u>Sherman L. Graham</u></p> <p>Requestor's Address: <u>2593 Baltimore Rd</u> <u>Council</u></p> <p>City: <u>Council</u> State: <u>NC</u> Zip Code: <u>28434</u></p> <p>Requestor's Phone: <u>910 669-2383</u></p> <p>Requestor's Email:</p>			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Legal Guardian (if applicable)
X [REDACTED]	X <u>Sherman L. Graham</u>
Date	Date <u>10-23-18</u>

Scan Date	Batch Number	Source Code	Batch ID
2018-10-23 10:52AM	5	07	9862

Scan Date/Time: 2018-10-23 10:52AM

Batch Number: 5

Batch Size: 1

Source Code: 07

Batch ID: 9862

Operator: gward

Abs. Request - in person
10/23/18 GPW



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512 2327 01 2469
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CLEWIS</u>		First Name <u>ROSALIE</u>		Middle Name <u>L</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>18945 NC 410 Hwy</u>				Mailing Address (if different than home address.) <u></u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>18945 NC 410 Hwy</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Robert Dale Clewis</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>18945 NC 410 Hwy</u>		Name of Corporation (if appointed legal guardian)		
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone <u>910 876 1662</u>	Requestor's Email <u>rdc@intertan.net</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		RECEIVED OCT 23 2018	
Current Address (Address where you are currently stationed or living overseas.) <u></u>		Transmit my ballot by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email (Military/Overseas Voters Only) BLADEN CO. BD. OF ELECTIONS Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X

X Robert Dale Clewis

10/20/18

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-23 10:46AM
2329 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-23 10:46AM	3	17	9860

Scan Date/Time: 2018-10-23 10:46AM

Batch Number: 3

Batch Size: 8

Source Code: 17

Batch ID: 9860

Operator: gward

Abs. Request- brought in
by Wanda Munroe -10/22/18
GLW



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Atkinson</u>		First Name <u>Norris</u>		Middle Name <u>A</u>	Suffix <u>M</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>753 Clyde Hatcher Rd</u>				Mailing Address (if different than home address.)		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>					<u>549-4979</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Relative/Near Guardian (if applicable)

X

10-20-18

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P.O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DAVIS</u>		First Name <u>Janice</u>		Middle Name <u>C</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>9827 NC Hwy 87 W</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No.	Phone (optional) <u>910-874-4818</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 22 2018

TIME REC'd by
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable) <u>[REDACTED]</u>	Date <u>10-20-2020</u>
--	---------------------------



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DAVIS</u>		First Name <u>Willie</u>		Middle Name <u>Jean</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>P.O. Box 96</u>				Mailing Address (if different than home address.) <u>9827 NC Hwy 87W</u>	
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	City <u>Tarheel, N.C. 2</u>	State <u>NC</u>	Zip Code <u>28392</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>			Phone (optional) <u>910-874-0819</u>		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandchild <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas):	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)
<u>10-20-20 X</u>
Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wax</u>		First Name <u>Karen</u>		Middle Name <u>McElveen</u>	Suffix <u>E</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>134 Henry Mote Drive</u>				Mailing Address (If different than home address.) <u>Same</u>		
City <u>Harrells</u>	State <u>N.C.</u>	Zip Code <u>28444</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)		
If "No," indicate the date of your move: <u> / / </u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No.	Phone (optional) <u>910 874-0561</u>	Email (optional) <u>krmc0561@gmail.com</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

[REDACTED] 10-16-18
Date

Signature of Relative/Near Guardian (if applicable)

X
Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Atkinson</u>		First Name <u>Norris</u>		Middle Name <u>A</u>	Suffix <u>M</u>	[Redacted]	
Home Address (NC Residential Address.) <u>753 Clyde Hatcher Rd</u>				Mailing Address (If different than home address.)			
City <u>Council</u>		State <u>NC</u>	Zip Code <u>28434</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)	
NC License or ID Number		SSN <u>XXX-XX-XXXX</u>		[Redacted]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Jenean Willis</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address <u>753 Clyde Hatcher Rd</u>		Name of Corporation (If appointed legal guardian)		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	Requestor's Phone	
		Requestor's Email <u>RECEIVED</u> <u>OCT 22 2018</u> TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Relative/Near Guardian (if applicable)

X Jenean Willis

10-20-18

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Jennifer</u>		Middle Name <u>Marlena</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>101 P. Cromartie Lane</u>				Mailing Address (If different than home address.)		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number SSN <u>XX X-XX</u>					<u>910-549-7625</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
			RECEIVED OCT 22 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BROWN</u>	First Name <u>Oliver</u>	Middle Name <u>Drigh</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>101 P. Commodore Ln</u>		Mailing Address (If different than home address.)	
City <u>COUNCIL</u>	State <u>NC</u>	Zip Code <u>28434</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN <u>X X X - X X [REDACTED]</u>		<u>825-9031</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: center;"> RECEIVED OCT 22 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only)	
<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)
<u>10-20-18</u> X
Date

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-22 4:05PM

2338 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-22 4:05PM	18	17	9856

Scan Date/Time: 2018-10-22 4:05PM

Batch Number: 18

Batch Size: 6

Source Code: 17

Batch ID: 9856

Operator: vpmckoy

Handwritten signature



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:
301 S Cypress St
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DAVIS</u>	First Name <u>ASHLEY</u>	Middle Name <u>BENTON</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>141 SPRING BRANCH DRIVE</u>		Mailing Address (if different than home address.) <u>SAME</u>		
City <u>HARRELLS</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable) RECEIVED		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX-XXXX</u>		Voter Registration No. [REDACTED]	Phone (optional) <u>001</u>	Email (optional) <u>22 2018</u>

TIME RECD BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>141 SPRING BRANCH DRIVE</u>		City <u>HARRELLS</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature <u>X</u>	10/21/18 <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable)
		Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>BENTON</u>	First Name <u>FRANKLIN</u>	Middle Name <u>CRAIG</u>	Suffix	Date of Birth	
Home Address (NC Residential Address.) <u>2710 EAST BROAD ST.</u>			Mailing Address (if different than home address.) <u>P.O. BOX 743 ELIZABETHTOWN</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. <u>1021-18</u>		
			Phone (optional) <u>RECEIVED</u> OCT 22 2018		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. BOX 743 ELIZABETHTOWN</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>
		Zip Code <u>28337</u>	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Legal Guardian (if applicable)
<u>1021-18</u>	<u>X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Benton</u>	First Name <u>Amber</u>	Middle Name <u>Ward</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2710 EAST Broad St</u>		Mailing Address (if different than home address.) <u>P.O. BOX 743</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number		Voter Registration No. [REDACTED]	Phone (optional) Email (optional) RECEIVED OCT 22 2018	
SSN <u>X X X - X X [REDACTED]</u>				

Absentee Voting Information

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. BOX 743</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
1021-18 X
 Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name DAVIS		First Name SAMANTHA		Middle Name Benton	Suffix [REDACTED]
Home Address (NC Residential Address.) 312 Pine Ridge Circle			Mailing Address (if different than home address.) SAME		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: 1/1			County of Residence BLADEN		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X [REDACTED]			Voter Registration No. [REDACTED]	Phone (optional) 910-549-3180	Email (optional) RECEIVED

OCT 22 2018

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) 312 Pine Ridge Circle			City Bladenboro	TIME BLADEN CO. BD. OF ELECTIONS	State NC
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) X
Date 10-20-18	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS.

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS	First Name RONALD	Middle Name TRACY	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 139 BUTTERS CEMETERY RD.		Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X [REDACTED]		Voter Registration No. [REDACTED]		
Phone (optional)		Email (optional)		

RECEIVED
OCT 22 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 139 Butters Cemetery Rd	City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

10-20-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

P.O. Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS		First Name CAZLEY		Middle Name ELOWYN		Suffix [REDACTED]	
Home Address (NC Residential Address.) 312 Pine Ridge Circle				Mailing Address (if different than home address.) SAME			
City Bladenboro		State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional) Email (optional)	
NC License or ID Number		SSN		Official		<div style="text-align: center;"> RECEIVED OCT 22 2018 </div>	
XXX - XX - [REDACTED]		[REDACTED]					

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 312 Pine Ridge Circle		City Bladenboro		State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign [REDACTED] X Date <u>10-20-18</u>	Signature of Near Relative/Legal Guardian (if applicable) X Date <u> </u>
--	---

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-22 4:19PM

2346 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-22 4:19PM	19	07	9857

Scan Date/Time: 2018-10-22 4:19PM

Batch Number: 19

Batch Size: 1

Source Code: 07

Batch ID: 9857

Operator: gward

(Henry Mote)

Nbs. Request in person

10/22/18



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mote</u>		First Name <u>Henry</u>		Middle Name <u>Truman</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2587 Mote Rd Harrells</u>				Mailing Address (if different than home address.) <u>2587 Mote Rd Harrells</u>		
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XX X - XX - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional)	
					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2587 Mote Rd</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if applicable)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 22 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED]

10/22/18
Date

X

Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-22 3:35PM	17	17	9855

Scan Date/Time: 2018-10-22 3:35PM

Batch Number: 17

Batch Size: 15

Source Code: 17

Batch ID: 9855

Operator: gward

Reg. Drive - Also, Request
brought in by
Arthur Bullock
10/22/18



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Graham</u>	First Name <u>Jettie</u>	Middle Name <u>Ree</u>	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>272 Pickett Dr</u>			Mailing Address (If different than home address.) <u>PO Box 703</u>		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional <u>910-862-9901</u>		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 703</u>		City <u>Riegelwood</u>	State <u>NC</u>
Zip Code <u>28456</u>			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
	<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

TIME REC'D BY
OCT 22 2018
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only) [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>10-21-18 X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Corham</u>		First Name <u>Floretta</u>		Middle Name <u>MUN</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1289 EAST ARCADIA RD</u>				Mailing Address (if different than home address.)		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1-1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX</u>			Voter Registration No. Optional		Phone (optional) <u>910-655-9257</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1289 EAST ARCADIA RD</u>		City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information							
Last Name <u>MUNN</u>		First Name <u>LEAH</u>		Middle Name <u>BASS</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>1289 EAST ARCADIA RD</u>				Mailing Address (if different than home address.) [REDACTED]			
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>BLADE</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX-XXXX</u>				Voter Registration No. Optional		Phone (optional) <u>910-655-9237</u>	
						Email (optional)	

Absentee Voting Information				
Absentee Mailing Address (Where should the ballot be mailed?) <u>1289 EAST ARCADIA RD</u>		City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No.				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>FLORENCE M GRAHAM</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>1289 EAST ARCADIA RD</u>		Name of Corporation (if appointed legal guardian)		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	Requestor's Phone	
		Requestor's Email		
		TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters' Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only) <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X Florence M Graham 11-21-18</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Murchison</u>		First Name <u>Larrell</u>		Middle Name <u>Montale</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>87 Rosmdale Rd</u>				Mailing Address (If different than home address.) <u>P.O. BOX 2732</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No.		Phone (optional) <u>910-549-7341</u>
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. BOX 2732</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Glenda Rhodie Murchison</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address <u>P.O. BOX 2732</u>		Name of Corporation (If appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910 876-4137</u>	Requestor's Email <u>glenda-faye-gr@gmail.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☒ REC'D BY Fax ☐ Email
Fax Number or Email Address BLADEN CO. BD. OF ELECTIONS

RECEIVED
NCT 22 2018

Signature <u>[REDACTED]</u>	Signature of Relative/Near Guardian (if applicable) <u>[Signature]</u>
Date <u>[REDACTED]</u>	Date <u>10/11/18</u>



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>	First Name <u>Thomas</u>	Middle Name <u>Jessro</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1054 Kennigstone Rd</u>		Mailing Address (if different than home address.)		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone <u>910.655.4458</u>	Requestor's Email RECEIVED OCT 22 2018

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED] 10-14-2018 X
Date Date



Exhibit 4.2.3.1.2

28351

2355 of 2469
CaldwelltownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Dixon	First Name Deartus	Middle Name m	Suffix	Date of Birth
Home Address (NC Residential Address.) 228 Lock & Dam #1 Rd		Mailing Address (if different than home address.)		
City	State	Zip Code	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X		Voter Registration No. Optional		
		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone 910.655.3705	Requestor's Email

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OCT 22 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) 		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

10/17/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

301 S Cypress St
Elizabethtown NC
28337

PHONE: 910-862-6951
bladen.boe@ncsba.gov

2356 of 2469
Mailing Address
PO Box 512
Elizabethtown

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>	First Name <u>Mary</u>	Middle Name <u>E</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>901 Dickson Apt 10</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City <u>Bladen</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX [REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>910-655-3653</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED
OCT 22 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature <u>[REDACTED]</u> Date <u>10-17-18</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> Date <u>[REDACTED]</u>
---	--

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bowen</u>		First Name <u>David</u>		Middle Name <u>Dean</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>161 Cater Rd</u>				Mailing Address (If different than home address.)			
City		State	Zip Code	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number				Voter Registration No. Optional		Phone (optional)	
SSN <u>X X X - X X - [REDACTED]</u>						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input checked="" type="checkbox"/> Democratic		<input type="checkbox"/> Republican		<input type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone <u>910.465.7269</u>	Requestor's Email

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OCT 22 2018

TIME REC'D BY

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Bennerman</u>		First Name <u>Deloris</u>		Middle Name <u>G</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>608 East Arcadia</u>			Mailing Address (if different than home address.) <u>[REDACTED]</u>		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>			Voter Registration No. Optional <u>[REDACTED]</u>		
			Phone (optional) <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>910.655.4467</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED
OCT 22 2018**For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)**

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

S

10-17-18 X

Date

Date



FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Simpson</u>		First Name <u>Tania</u>		Middle Name <u>Danyel</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>294 Kennedy store rd</u>				Mailing Address (If different than home address.)			
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1 / 1 /</u>							
You must provide at least one identification number below. (or see instructions). NC License or ID Number				Voter Registration No. Optional		Phone (optional)	
SSN <u>X X X - X X</u>				<u>[REDACTED]</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone <u>(910) 408-9972</u>	Requestor's Email	RECEIVED OCT 22 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sig [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
Date 10-17-18 X Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>		First Name <u>Roderick</u>		Middle Name <u>Lamar</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.)				Mailing Address (If different than home address.)			
City	State	Zip Code	City	State	Zip Code		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional)		Email (optional)
NC License or ID Number <u>XX XX - XX - [REDACTED]</u>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910.205.759</u>	Requestor's Email TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED] 10-14-18 X
 Date Date



Exhibit 4.2.3.1.2
North Carolina

Bladen County
Elizabethtown NC
28337
PHONE: 910-862-6951
bladen.boe@ncsbe.gov

2361 of 2469
Mailing Address
PO Box 512
Elizabethtown

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>HARRIS</u>	First Name <u>Arnellah</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>901 Dickson rd. apt 11</u>		Mailing Address (if different than home address.)	
City <u>riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City <u>Bladen</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X -</u>		Voter Registration No. Optional	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910 290 4031</u>	Requestor's Email

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OCT 22 2018
TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

10-17-18
Date

X
Date



Exhibit 4.2.3.1.2
North Carolina

2362 of 2469
Elizabethtown NC
28337
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKinnon</u>		First Name <u>Beonka</u>		Middle Name <u>Nashell</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>292 Kennedy Store Rd</u>				Mailing Address (if different than home address.)			
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City			State	Zip Code	
Requestor's Phone <u>(910) 874-0396</u>			Requestor's Email		

RECEIVED

OCT 22 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

10-17-18

Date

X

Date

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-22 3:16PM

2364 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-22 3:16PM	16	17	9854

Scan Date/Time: 2018-10-22 3:16PM

Batch Number: 16

Batch Size: 3

Source Code: 17

Batch ID: 9854

Operator: gward

Abs. Request - per
VPC Group - 10/22/18
GAW

USE THIS APPLICATION TO VOTE-BY-MAIL

2065 of 2468



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 1 NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MCDUFFIE		First Name LACY		Middle Name FARRELL	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 278 LIVE OAK METH CHR RD.				Mailing Address (If different than home address.)		
City WHITE OAK	State NC	Zip Code 28399	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) [REDACTED] XXX - XX - [REDACTED]			Voter Registration No. 12123	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 278 LIVE OAK METHODIST CHURCH RD.		City WHITE OAK	State N.C.	Zip Code 28399
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence of an eligible spouse/dependent <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		TIME OCT 29 2018	REC'D BY BLADEN CO. BD. OF ELECTIONS
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Sign <u>X</u>	Signature of Near Relative/Guardian (if applicable) <u>X</u>
	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

v2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DEWOLF		First Name LUANN		Middle Name MARIE	Suffix	Date of Birth
Home Address (NC Residential Address.) 318 Suggs Taylor Rd				Mailing Address (If different than home address.) P.O. Box 782		
City ELIZABETHTOWN	State NC	Zip Code 28337	City DUBLIN	State NC	Zip Code [REDACTED]	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		Previous Name (if applicable)	
If "No," indicate the date of your move: _____			Voter Registration No. [REDACTED]		Phone (optional) [REDACTED]	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X [REDACTED]			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 22 2018

TIME _____ REC'D BY _____

BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig

Signature of Near Relative/Guardian (if applicable)

Oct/20/18
Date

X

Date

V2013.11

Visit www.ncsbe.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BOSWORTH	First Name SUSAN	Middle Name MARIE	Suffix F	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 6711 CHICKENFOOT RD.		Mailing Address (If different than home address.)		
City SAINT PAULS	State NC	Zip Code 28384	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number		Voter Registration No.	Phone (optional)	Email (optional)
SSN X X X - X X - [REDACTED]			910-39-1833	SGOFF2003@Bcl

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 6711 Chickenfoot Rd		City ST PAULS	State NC	Zip Code 28384
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 22 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-22 2:36PM

2369 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-22 2:36PM	13	06	9851

Scan Date/Time: 2018-10-22 2:36PM

Batch Number: 13

Batch Size: 7

Source Code: 06

Batch ID: 9851

Operator: gward

Abs. Request from
SBOE - 10/22/18



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address:

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address:

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

2018 General Election on

11-6-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Jenkins	First Name Karen	Middle Name Michelle	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 80 Meckland Ln		Mailing Address (if different than home address.) [REDACTED]		
City Kelly	State NC	Zip Code 28448	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC license or ID Number [REDACTED]		SSN X X X - X X - [REDACTED]	910-200-2113	michellej1123@icloud.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 106 Spring Chase Ln		City Rocky Pt	State NC	Zip Code 28457
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 22 2018

TIME ____ REC'D BY ____
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address


Signature of Voter (Voter only)

Signature of Near Relative/Legal Guardian (if applicable)

10-19-18 X

Date

Date

	State Absentee Ballot Request Form North Carolina		NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 519-715-0135 elections.sboe@ncsbe.gov
	I am requesting an absentee ballot for the: <u>General Election</u> on <u>NOV-06-18</u> <small>Election Type (Primary, General, Municipal, Special, etc.) Election Date</small>		

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

Voter Information Last Name: <u>Baxley</u> First Name: <u>TRAVIS</u> Middle Name: <u>MORRIS</u> Suffix: <u></u> Date of Birth: <u></u>	
Home Address (NC Residential Address): <u>P.O. BOX 210</u> City: <u>Tarboro</u> State: <u>NC</u> Zip Code: <u>27892</u>	
Mailing Address (if different than home address): <u></u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1-1-18</u>	
You must provide at least one identification number below. (or see instructions) NC Driver's License Number: <u>XXX-XX-XXXX</u>	
County of Residence: <u>Robeson</u> Previous Name (if applicable): <u></u>	
Voter Registration No.: <u></u> Phone (optional): <u></u> Email (optional): <u></u>	

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OCT 22 2018

Absentee Voting Information Absentee Mailing Address (Where should the ballot be mailed?): <u></u> City: <u></u> State: <u></u> Zip Code: <u></u>	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: <u></u>	
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <u></u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address: <u></u> Name of Corporation (if appointed legal guardian): <u></u>	
City: <u></u> State: <u></u> Zip Code: <u></u> Requestor's Phone: <u></u> Requestor's Email: <u></u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable): <u></u> <u>4-10-18</u> X Date: <u></u>

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
 Election Type (Primary, General, Municipal, Special, etc.) Election Date

Absentee Voting Information Absentee Mailing Address (Where should the ballot be mailed?)					City		State		Zip Code	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.					OCT 22 2018		TIME		REC'D BY	
<input checked="" type="checkbox"/> Democratic					<input type="checkbox"/> Republican		<input type="checkbox"/> Libertarian		<input type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot.					Yes <input type="checkbox"/> No <input type="checkbox"/>		BLADEN CO. BD. OF ELECTIONS		TIME	
If "Yes," what is the name and address of the hospital or facility:					Name of Hospital or Facility		Address		City	
Requestor's Name					If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.		<input type="checkbox"/> spouse		<input type="checkbox"/> brother/sister	
Requestor's Address					<input type="checkbox"/> child		<input type="checkbox"/> parent		<input type="checkbox"/> grandparent	
City					<input type="checkbox"/> son-in-law		<input type="checkbox"/> stepchild		<input type="checkbox"/> stepparent	
State					<input type="checkbox"/> daughter-in-law		<input type="checkbox"/> mother-in-law		<input type="checkbox"/> father-in-law	
Zip Code					<input type="checkbox"/> legal guardian		Name of Corporation (if appointed legal guardian)		Requestor's Phone	
Requestor's Phone					Requestor's Email		Requestor's Email		Requestor's Email	

Signature of Near Relative/Guardian (if applicable)
 10-2-18 X
 Date Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Midterm on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BROWN</u>	First Name <u>Connie</u>	Middle Name <u>Elizabeth</u>	Suffix <u>Ms</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>901 Dickson Road Apt #18</u>		Mailing Address (if different than home address.)		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]		Voter Registration No.		
SSN <u>XXX - XX -</u>		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>901 Dickson Road Apt #18</u>		City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 22 2018

TIME: _____ REC'D BY: _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable)

10-BAX

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/15
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Moody</u>	First Name <u>HAL</u>	Middle Name <u>Wayne</u>	Suffix <u>Sr</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>8580 NC Hwy 242 Hwy N</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. <u>00000 33414</u>	Phone (optional)	Email (optional)
SSN [REDACTED] X X X - X X - [REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8580 NC Hwy 242 N</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: center;"> RECEIVED OCT 22 2015 TIME REC'D BY BLADEN CO. BO. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Guardian (if applicable) <u>X</u>
Date <u>10/17/15</u>	Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

11/6/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Moody</u>	First Name <u>HAL</u>	Middle Name <u>Wayne</u>	Suffix <u>JR</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>8580 NC 242 Hwy N</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]		Voter Registration No. <u>0000000002</u>	Phone (optional) <u>910 876 1234</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8580 NC 242 Hwy N</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature

X

Signature of Near Relative/Guardian (if applicable)

X

10/17/18
Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Moody</u>	First Name <u>Christine</u>	Middle Name <u>HAYES</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>8580 NC 242 Hwy N</u>		Mailing Address (if different than home address.)		
City <u>Elizabethton</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. <u>000000</u> <u>54378</u>	Phone (optional)	Email (optional)
SSN [REDACTED] X X X - X X - [REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8580 NC Hwy 242 N</u>		City <u>Elizabethton</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian) RECEIVED		
City	State	Zip Code	Requestor's Phone	Requestor's Email OCT 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X [REDACTED]	<u>10/17/18</u> Date	X	_____ Date
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USE THIS APPLICATION TO VOTE-BY-MAIL

NC STATE BOARD OF



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

TELEPHONE 1-866-522-7233 FAX 919-715-0135
Elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Nov 6, 2018
Election Date

Voter Information

Last Name CARMICHAEL		First Name BETTY		Middle Name JANE		Suffix [REDACTED]	
Home Address (NC Resident) (a) Address.) 3199 SPRING BRANCH RD.				Mailing Address (if different than home address.) [REDACTED]			
City TAR HEEL		State NC	Zip Code 28392	City [REDACTED]		State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable) N/A	
If "No," indicate the date of your move: 1/1/18							
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]				Voter Registration No. [REDACTED]		Phone (optional) 910-812-2550	Email (optional) [REDACTED]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 3199 Spring Branch Road		City Tarheel	State NC	Zip Code 28392
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
Requestor's (Print) [REDACTED]		If a near relative, list your name, address, contact information and relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's (Print) [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Signature of Voter (voter only)

X

Signature of Near Relative/Guardian (if applicable)

X

10-15-18
Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

v2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-22 1:44PM
2379 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-22 1:44PM	10	06	9848

Scan Date/Time: 2018-10-22 1:44PM

Batch Number: 10

Batch Size: 4

Source Code: 06

Batch ID: 9848

Operator: vpmckoy



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Douglas</u>		Middle Name <u>Kent</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>35 Myrtle Avenue</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			County of Residence <u>Bladen</u>	Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - </u>			Voter Registration No.	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>35 Myrtle Avenue</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u> <u>10-16-18</u> Date	Signature of Near Relative/Guardian (if applicable). <u>X</u> Date
---	--



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>	First Name <u>Lisa</u>	Middle Name <u>Bass</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>35 Myrtle Avenue</u>			Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>			County of Residence <u>Bladen</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>35 Myrtle Avenue</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (Print) (Middle) (Last) (Suffix)	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)
[Signature] 10-16-18 X
 Date Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Adrian</u>		Middle Name <u>Gray</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>28 Myrtle Avenue</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/1</u>			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>			Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>28 Myrtle Avenue</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X

10/16/18 X

Date

Date

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-22 11:23AM 2384 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-22 11:23AM	7	07	9845

Scan Date/Time: 2018-10-22 11:23AM

Batch Number: 7

Batch Size: 1

Source Code: 07

Batch ID: 9845

Operator: vpmckoy



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lomax</u>		First Name <u>Katherine</u>		Middle Name <u>Melrose</u>		Suffix		Date of Birth [REDACTED]		
Home Address (NC Residential Address.) <u>1612 Greenwood St.</u>					Mailing Address (if different than home address.) <u>P.O. Box 957</u>					
City <u>Elizabethtown</u>		State <u>N.C.</u>		Zip Code <u>28337</u>		City <u>Elizabethtown</u>		State <u>N.C.</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		Previous Name (if applicable)						
If "No," indicate the date of your move: <u>1/1/18</u>										
You must provide at least one identification number (see instructions) NC License or ID Number <u>XXX - XX</u>					Voter Registration No. Optional		Phone (optional)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 957</u>				City <u>Elizabethtown</u>		State <u>N.C.</u>		Zip Code <u>28337</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan									
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No									
If "Yes," what is the name and address of the hospital or facility:									
Relative, list your name, address, contact information and relationship to the voter:				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Name of Corporation (if appointed legal guardian)				<div style="text-align: center;"> RECEIVED OCT 22 2018 </div>					
Requestor's Phone				Requestor's Email					
I am signed by the voter; may not be signed by a near or distant guardian) I am overseas voter: I am currently absent from county of residence or an eligible spouse/dependent.									
Transmit my ballot by: (Military/Overseas Voters Only)				<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email					
Fax Number or Email Address									

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

10-19-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S. Cypress St.
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Lomax</u>		First Name <u>Roy</u>		Middle Name <u>Eugene</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>1612 Greenwood St.</u>			Mailing Address (If different than home address.) <u>P.O. Box 954</u>		
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (For see instructions.) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 954</u>		City <u>Elizabethtown</u>	State <u>N.C.</u>
Zip Code <u>28337</u>			
If voter is registered as: <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
Requestor's Email			

RECEIVED

OCT 22 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.):	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter <u>[Signature]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>10-19-18</u>	Date <u></u>

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-22 11:04AM

2388 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-22 11:04AM	6	06	9844

Scan Date/Time: 2018-10-22 11:04AM

Batch Number: 6

Batch Size: 1

Source Code: 06

Batch ID: 9844

Operator: vpmckoy



State Absentee Ballot Request Form North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

BY COMPLETING THIS FORM, YOU AGREE TO THE FOLLOWING: THIS FORM IS A CLASS USED ONLY UNDER CHAPTER 153 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Jackson</u>	First Name <u>Thomas</u>	Middle Name <u>Dee</u>	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address) <u>527 Lnw Oak Method Rd. Ch.</u>			Mailing Address (If different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC Driver's License or ID Number [REDACTED]			Voter Registration No. [REDACTED]		
SSN <u>XXX-XX-XXXX</u>			Phone (optional) [REDACTED]		
[REDACTED]			Email (optional) [REDACTED]		

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) <u>527 Lnw Oak Method Rd Ch.</u>			City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>[REDACTED]</u>
Date <u>10-22-18</u>	Date <u>10-22-18</u>

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-22 10:23AM
2994 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-22 10:23AM	5	06	9843

Scan Date/Time: 2018-10-22 10:23AM

Batch Number: 5

Batch Size: 1

Source Code: 06

Batch ID: 9843

Operator: vpmckoy



State Absentee Ballot Request Form
North Carolina
Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 2392 of 2469
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Byrd</u>		First Name <u>Amber</u>		Middle Name <u>Nicole</u>		Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>126 Johnson Farm Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>		
City <u>Ivanhoe</u>		State <u>NC</u>	Zip Code <u>28447</u>	City <u>Ivanhoe</u>		State <u>NC</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>				Voter Registration No.		Phone (optional)
						Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>126 Johnson Farm Rd</u>			City <u>Ivanhoe</u>	State <u>NC</u>	Zip Code <u>28447</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name (First) (Middle) (Last) (Suffix) <u>[REDACTED]</u>			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address City State Zip Code			Name of Corporation (if appointed legal guardian)		
			Requestor's Phone		
			Requestor's Email		

RECEIVED
OCT 22 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X [REDACTED] 10-22-18 X
Date Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-22 11:04AM 2394 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-22 11:04AM	6	06	9844

Scan Date/Time: 2018-10-22 11:04AM

Batch Number: 6

Batch Size: 1

Source Code: 06

Batch ID: 9844

Operator: vpmckoy



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address:

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address:

PO Box 512
Elizabethtown NC 28337PHONE: 910-852-6951
elections@bladencol.org

FAX: 910-852-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASSIFIED VIOLATION UNDER CHAPTER 167 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the:

General Election on

11-6-2018

Election Date

Voter Information

Last Name JACKSON	First Name Robri	Middle Name Leigh	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) 527 Lino Oak Methodist Church Rd.		Mailing Address (if different than home address.) [REDACTED]		
City White Oak	State NC	Zip Code 28399	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1-1-		Previous Name (if applicable) Robri Leigh Tatum		
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]		Voter Registration No. [REDACTED]		
SSN XXX-XX-XXXX		Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 527 Lino Oak Methodist Church Rd.		City White Oak	State NC	Zip Code 28399
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas):

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter: **X** [REDACTED] **10/22/18**

Signature of Near Relative/Legal Guardian (if applicable): **X** [REDACTED]

Date: _____

Scan Date	Batch Number	Source Code	Batch ID
2018-10-22 9:24AM	3	07	9841

Scan Date/Time: 2018-10-22 9:24AM


Batch Number: 3

Batch Size: 2

Source Code: 07

Batch ID: 9841

Operator: vpmckoy

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	<p>NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255</p> <p>PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov</p>
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election ☒ on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information							
Last Name Smith		First Name Clara		Middle Name Lucille		Suffix	Date of Birth
Home Address (NC Residential Address) 2938 Old Fayetteville Road				Mailing Address (if different than home address.)			
City Garland		State NC	Zip Code 28441	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____				County of Residence Bladen <input checked="" type="checkbox"/>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]				Voter Registration No. [REDACTED]		Phone (optional) Email (optional) carnival4301@yahoo.com	

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 2939 Old Fayetteville Road		City Garland	State NC
		Zip Code 28441	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name Charles Wade Smith		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address 2939 Old Fayetteville Road		Name of Corporation (if appointed legal guardian)	
City Garland	State NC	Zip Code 28441	Requestor's Phone 9108798234
		Requestor's Email carnival4301@yahoo.com	

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
X _____ <div style="text-align: right; font-size: small;">Date</div>	X <u>Charles Wade Smith</u> <div style="text-align: right; font-size: small;">Date</div>

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.


I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name Smith	First Name Charles	Middle Name Wade	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) 2939 Old Fayetteville Road			Mailing Address (If different than home address.)		
City Garland	State NC	Zip Code 28441	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: / /			County of Residence Bladen		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]			Voter Registration No. [REDACTED]	Phone (optional) 9108798234	Email (optional) carnival4301@yahoo.com

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 2939 Old Fayetteville Road		City Garland	State NC
		Zip Code 28441	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Email Fax Number or Email Address
	<div style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</div> <div style="font-size: 1.2em; margin: 0;">OCT 22 2018</div> <div style="font-size: 0.8em; margin: 0;">TIME REC'D BY BLADEN CO. BD. OF ELECTIONS</div>

Signature of Near Relative/Guardian (if applicable) <div style="font-size: 1.5em; font-family: cursive; margin: 0;">10-21-18 X</div>	<div style="border-top: 1px solid black; height: 20px; width: 100%;"></div>
---	---

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	<p>NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255</p> <p>PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov</p>
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election ☒ on November 6, 2018

Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name Smith	First Name Charlotte	Middle Name Deneen	Suffix	Date of Birth	
Home Address (NC Residential Address.) 2939 Old Fayetteville Road			Mailing Address (if different than home address.)		
City Garland	State NC	Zip Code 28441	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC license or ID Number. SSN X X X - X X -			Voter Registration No.	Phone (optional)	Email (optional) carnival4301@yahoo.com

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) 2939 Old Fayetteville Road			City Garland	State NC	Zip Code 28441
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name Charles Wade Smith			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 2939 Old Fayetteville Road			Name of Corporation (if appointed legal guardian)		
City Garland	State NC	Zip Code 28441	Requestor's Phone 9108798234	Requestor's Email carnival4301@yahoo.com	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an <u>armed force</u> of the United States <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
X _____ <div style="text-align: right; font-size: small;">Date</div>	X <u>Charles Wade Smith</u> <div style="text-align: right; font-size: small;">Date</div>

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-22 9:25AM
2402 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-22 9:25AM	4	06	9842

Scan Date/Time: 2018-10-22 9:25AM

Batch Number: 4

Batch Size: 3

Source Code: 06

Batch ID: 9842

Operator: vpmckoy

From: Charles Smith <carnival4301@yahoo.com>
Sent: Sunday, October 21, 2018 11:11 AM
To: elections@bladenco.org
Subject: Absentee Ballot Request Form
Attachments: Absentee ballot request forms (3)10212018.pdf

Greetings,

I have attached three absentee ballot request forms to this email, one for myself, my daughter, and mother. Please confirm receipt and let me know if additional information is needed in order to mail me the absentee ballots.

Thanks.

Charles W. Smith

This message has been scanned for viruses and dangerous content by MailScanner believed to be clean.

Pursuant to North Carolina General Statutes Chapter 132, Public Records, this electronic mail message and any attachments hereto, as well as any electronic mail message(s) that may be sent in response to it may be considered public record and as such are subject to request and review by third parties.

RECEIVED

OCT 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-20 1:12PM 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-20 1:12PM	8	07	9831

Scan Date/Time: 2018-10-20 1:12PM
 Batch Number: 8
 Batch Size: 1
 Source Code: 07
 Batch ID: 9831
 Operator: gward

Abs. Request in-person
 10/20/18 GAW



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lane</u>	First Name <u>Carolyn</u>	Middle Name <u>Gibson</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>590 Chicken Foot Road</u>		Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) <u>910-873-5509</u>
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>590 Chicken Foot Rd</u>		City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Hobson Lane Jr</u>	<input checked="" type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address <u>590 Chicken Foot Rd.</u>	Name of Corporation (if appointed legal guardian)			
City <u>TAR HEEL</u>	State <u>N.C.</u>	Zip Code <u>28392</u>	Requestor's Phone <u>910-872-0509</u>	Requestor's Email <u>hobson.lane@paho.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:		RECEIVED OCT 20 2018 BLADEN CO. BD. OF ELECTIONS	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from country of residence or an eligible spouse dependent			
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax
	Fax Number	<input type="checkbox"/> Email	
	Bladen Co. Bd. of Elections		

Signature of Near Relative/Legal Guardian (if applicable)
10-19-18 X Hobson Lane Jr 10-20-18
 Date Date Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-20 1:14PM	9	17	9832

Scan Date/Time: 2018-10-20 1:14PM
Batch Number: 9
Batch Size: 10
Source Code: 17
Batch ID: 9832
Operator: gward

Abs. Request from
UPC Group - 10/20/18 bp

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date:

Voter Information

Last Name WILLIAMS		First Name LINDRA		Middle Name ANN	Suffix	Date of Birth
Home Address (NC Residential Address.) 307 JOHNSON AVE.				Mailing Address (if different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)		
If "No," indicate the date of your move: / /						
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X -			Voter Registration No. XXXX	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian		OCT 19 2018	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: If "Yes," what is the name and address of the hospital or facility:		RECEIVED BY BLADEN CO. BD. OF ELECTIONS	
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature

X

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

v2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on Nov 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name OLLENNU		First Name HEATHER		Middle Name RENEE	Suffix [REDACTED]
Home Address (NC Residential Address.) 120 MILL ST.				Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/18			Previous Name (if applicable) Baldwin		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X - [REDACTED]			Voter Registration No. 60000000000000000000000000000000		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 120 Mill Street		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian)		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	
Requestor's Email [REDACTED]		Requestor's Email [REDACTED]		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

[REDACTED]

10-18-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections,sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov 6th, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name JARMON		First Name CORNELIUS		Middle Name JAHMAL	Suffix
Home Address (NC Residential Address.) 120 MILL ST.		Mailing Address (If different than home address.) 			
City BLADENBORO	State NC	Zip Code 28320	City 	State 	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: / /			Previous Name (if applicable) 		
You must provide at least one identification number below. (or see instructions) NC license or ID Number X X X - X X			Voter Registration No. 		
			Phone (optional) 		Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 120 Mill Street		City Bladenboro	State NC
Zip Code 28320			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: 			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name 			
Requestor's Address 		Name of Corporation (if appointed legal guardian) 	
City 	State 	Zip Code 	Requestor's Phone
Requestor's Email 		Requestor's Email 	

RECEIVED
OCT 20 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) 	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

Date **10/18/2018** X

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name ROSS		First Name WILLIE		Middle Name GLENN	Suffix	Date of Birth
Home Address (NC Residential Address.) 6110 CHICKENFOOT RD.				Mailing Address (if different than home address.)		
City SAINT PAULS	State NC	Zip Code 28384	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
if "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (Optional)	Email (Optional)
NC License or ID Number SSN X X X - X X - [REDACTED]					OCT 20	2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-17-18 **X**

Date

Date

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name ROSS		First Name DOROTHY		Middle Name MAE	Suffix	Date of Birth
Home Address (NC Residential Address.) 6110 CHICKENFOOT RD.				Mailing Address (if different than home address.)		
City SAINT PAULS		State NC	Zip Code 28384	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: ____/____/____				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X				Voter Registration No. 000000	Phone (optional)	Email (optional)

RECEIVED
OCT 20 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME	REC'D BY	Zip Code
				BLADEN CO. BD. OF ELECTIONS	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (last name)	Signature of Near Relative/Guardian (if applicable)
[Signature]	X
Date: 10-17-18	Date: _____

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Visit www.ncsbe.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MCNAIR	First Name SAMUEL	Middle Name LEE	Suffix JR	Date of Birth
Home Address (NC Residential Address.) 6110 CHICKENFOOT RD.		Mailing Address (if different than home address.)		
City SAINT PAULS	State NC	Zip Code 28384	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: ____/____/____				
You must provide at least one identification number below. (or see instructions) NC license or ID Number SSN X X X - X X		Voter Registration No. 12, 213	Phone (optional)	Email (optional)

RECEIVED
OCT 20 2013

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME REC'D BY STATE BLADEN CO. BD. OF ELECTIONS	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (or Guardian) _____ Signature of Near Relative/Guardian (if applicable) _____
Date _____ Date _____

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on November 6 2018
Election Date

Voter Information

Last Name JOHNSON	First Name KENDRA	Middle Name ELISA	Suffix [REDACTED]
Home Address (NC Residential Address.) 136 Frank Melvin Rd		Mailing Address (if different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions.) NC License or ID Number: XXX - XX		Voter Registration No. 000000	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 136 Frank Melvin Rd		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name RECEIVED	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address OCT 20 2018	Name of Corporation (if appointed legal guardian)			
City BLADEN CO. BD. OF ELECTIONS	State NC	Zip Code 28337	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) X	Signature of Near Relative/Guardian (if applicable) X
Date 10/12/18	Date [REDACTED]

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

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SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on November 6, 2018
Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
GADSON	KIMBERLY	EARLENE		
Home Address (NC Residential Address.)			Mailing Address (if different than home address.)	
1316 Frank Melvin Rd				
City	State	Zip Code	City	State
Elizabethtown	NC	28333		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: <u>1/1/</u>			Bladen	
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)
NC License or ID Number			SSN	Email (optional)
X X X - X X -				kcgadson@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City
1316 Frank Melvin Rd		Elizabethtown
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.		NC 28333
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Independent		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," what is the name and address of the hospital or facility:		
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:		
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address	Name of Corporation (if appointed legal guardian)	
City	State	Zip Code
TIME REC'D BY	Requestor's Phone	Requestor's Email
BLADEN CO. BD. OF ELECTIONS		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services of Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X

Date

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: All or any applicable on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name WELLS	First Name FRANCES	Middle Name MITCHELL	Suffix	Date of Birth
Home Address (NC Residential Address.) 422 GRAYS LN.		Mailing Address (If different than home address.)		
City WHITE LAKE	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence: Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
			862-3800	aboutenough241@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 422 Grays LN		City White Lake	State NC	Zip Code 28337
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	RECEIVED	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild
				<input type="checkbox"/> mother-in-law
				<input type="checkbox"/> father-in-law
Requestor's Address	OCT 20 2018	Name of Corporation (If appointed legal guardian)		
City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code	Requestor's Phone
				Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sign <u>X</u>	Signature of Near Relative/Guardian (if applicable) <u>X</u>
Date <u>10/17/18</u>	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FAX: 919-216-0133

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on Nov 6 2018

Voter Information

Last Name BELL		First Name ALEXIS		Middle Name CHANAY	
Home Address (NC Residential Address) 136 Frank Melvin Rd				Mailing Address (if different than home address) [REDACTED]	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u> / / </u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X [REDACTED]			Voter Registration No. 01019	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 136 Frank Melvin Rd		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u> </u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name RECEIVED	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address OCT 20 2018	Name of Corporation (if appointed legal guardian)			
City TIME RESUB BY BLADEN CO. BD. OF ELECTIONS	Requestor's Phone	Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter X	Signature of Near Relative/Guardian (if applicable) X
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33140687298 NC8W5015419 CVNC

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2420 of 2469
2018-10-20 11:05AM

Scan Date	Batch Number	Source Code	Batch ID
2018-10-20 11:05AM	5	06	9828

Scan Date/Time: 2018-10-20 11:05AM
Batch Number: 5
Batch Size: 1
Source Code: 06
Batch ID: 9828
Operator: gward

Pamela Rice - Abs. Request -



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4 2 3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337 2421 of 2469

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name RICE	First Name PAMELA	Middle Name MARIE	Suffix	Date of Birth
Home Address (NC Residential Address.) 278 WILLARD TATUM RD		Mailing Address (If different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____		Voter Registration No. 000000035066	Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number: [REDACTED] SSN: X X X - X X - [REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 278 Willard Tatum Rd.	City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: [REDACTED] Requestor's Address: [REDACTED] Requestor's City: [REDACTED] Requestor's State: [REDACTED] Requestor's Zip Code: [REDACTED] Requestor's Phone: [REDACTED] Requestor's Email: [REDACTED]			
Name of Corporation (If appointed legal guardian)			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

[10 LETTER]

V2013.1

Scan Date	Batch Number	Source Code	Batch ID
2018-10-19 3:50PM	14	06	9822

Scan Date/Time: 2018-10-19 3:50PM

Batch Number: 14

Batch Size: 2

Source Code: 06

Batch ID: 9822

Operator: gward

Abs. Request - in person

10/19/18 GAW



North Carolina

RECEIVED

OCT 19 2018

Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenc.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

BLADEN CO. BD. OF ELECTIONS

I am requesting an absentee ballot for the:

General

on 11-6-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name: <u>Peterson</u>		First Name: <u>Dorothy</u>		Middle Name: <u>M</u>	Suffix:	Date of Birth:
Home Address (NC Residential Address.): <u>309 W. Gill St</u>				Mailing Address (if different than home address.):		
City: <u>Elizabethtown</u>		State: <u>NC</u>	Zip Code: <u>28337</u>	City:		State: <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence: <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable):		
You must provide at least one identification number below. (or see instructions) SSN: <u>XXX - XX - XXX</u>				Voter Registration No.:		Phone (optional):
				Email (optional):		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): <u>Elizabethtown Nursing Ctr</u>		City: <u>Elizabethtown</u>	State: <u>NC</u>	Zip Code: <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name: <u>Patricia A Jessup</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address: <u>309 W. Gill St</u>		Name of Corporation (if appointed legal guardian):		
City: <u>Elizabethtown</u>	State: <u>NC</u>	Zip Code: <u>28337</u>	Requestor's Phone: <u>862-3986</u>	Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.):	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature of Voter (voter only)


Signature of Relative/Near Guardian (if applicable)

X

X Patricia Jessup

Date

Date

	State Absentee Ballot Request Form North Carolina RECEIVED OCT 19 2018	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 elections.sboe@ncsbe.gov
	TIME _____ REC'D BY _____ BLADEN CO. BO. OF ELECTIONS	FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name Singletary	First Name Madison	Middle Name Diane	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address) 11648 NC hwy 242-south			Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence Bladen		
You must provide at least one identification number below: (or see instructions) NC license or ID Number: [REDACTED] SSN: X X X - X X - [REDACTED]			Voter Registration No. 57690	Phone (optional) 9103165552	Email (optional) maddysp98@gmail.com

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) PO Box 2577			City Buies Creek	State NC	Zip Code 27506
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[REDACTED]	X
Date 10/15/2018	Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-19 3:13PM	12	17	9820

Scan Date/Time: 2018-10-19 3:13PM

Batch Number: 12

Batch Size: 2

Source Code: 17

Batch ID: 9820

Operator: gward

Abs. Request - VPC
10/19/18 PW

USE THIS APPLICATION TO VOTE-BY-MAIL

2428 of 2460



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

On

Election Date

Voter Information

Last Name SINGLETARY		First Name LAURA		Middle Name TERESA	Suffix [REDACTED]
Home Address (NC Residential Address.) 19197 NC 410 HWY.				Mailing Address (if different than home address.) 19197 NC 410 HWY.	
City BLADENBORO	State NC	Zip Code 28320	City Bladen	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
Social Security Number (or see instructions) X X X - X X -			Voter Registration No. 1015-18	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 19197 NC 410 Hwy		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-15-18

X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HESTER	First Name JULIA	Middle Name FAYE	Suffix [REDACTED]
Home Address (NC Residential Address.) 513 ANNE ST.		Mailing Address (if different than home address.) 513 ANN STREET	
City BLADENBORO	State NC	Zip Code 28320	City Bladenboro
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: 1-1		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
SSN [REDACTED]		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 513 ANN ST		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 18 2013
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.):	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

Scan Date	Batch Number	Source Code	Batch ID
2018-10-19 12:39PM	8	07	9816

Scan Date/Time: 2018-10-19 12:39PM

Batch Number: 8


Batch Size: 12

Source Code: 07

Batch ID: 9816

Operator: gward

Abs. Request - in person
10/19/18 GAW

	State Absentee Ballot Request Form North Carolina RECEIVED OCT 19 2018	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
	TIME _____ REC'D BY _____ BLADEN CO. RD. OF ELECTIONS	

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Bowen</u>		First Name <u>Nathan</u>		Middle Name —	Suffix —
Home Address (NC Residential Address.) <u>554 Graham Rd.</u>		City <u>Riegelwood</u>		Mailing Address (if different than home address.) <u>NC 28456</u>	
State <u>NC</u>		Zip Code <u>28456</u>		City <u>Riegelwood</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No.		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>		Email (optional)			

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>554 Graham Rd.</u>		City <u>Riegelwood</u>	
State <u>NC</u>		Zip Code <u>28456</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>Darlene Bowen</u>			
Requestor's Address <u>554 Graham Rd.</u>			
Name of Corporation (if appointed legal guardian) <input type="checkbox"/> spouse <input checked="" type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
City <u>Riegelwood</u>		Requestor's Phone <u>(910) 655-0309</u>	
State <u>NC</u>		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Guardian (if applicable)

X Darlene Bowen

11-6-18

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

on 11-6-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McGill</u>		First Name <u>Bennie</u>		Middle Name <u>Lee</u>	Suffix <u>SR</u>
Home Address (NC Residential Address) <u>1434 Baldwin Branch Chr. Rd</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable) <u>Same</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No.		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1434 Baldwin Branch Chr. Rd.</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>Bennie L. McGill</u>	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian
Requestor's Address <u>Gloria Y. McGill</u>	Name of Corporation (If appointed) <u>Bladen Co. Bd. of Elections</u>
City <u>Elizabethtown</u>	State <u>NC</u>
Zip Code <u>28337</u>	Requestor's Phone <u>991-5271</u>
	Requestor's Email <u>N/A</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Relative/Near Guardian (if applicable)

X Gloria Y. McGill

10/17/18

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Robert</u>		Middle Name <u>Lee</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>127 Johnson Rd.</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX-XX-XX-XX</u>			Voter Registration No.	Phone (optional) <u>910-874-0184</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Mary Louise Sinkler Smith</u>		<input type="checkbox"/> spouse <input checked="" type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>127 Johnson Rd.</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-874-0184</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED

OCT 18 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Relative/Near Guardian (if applicable)

X Mary Louise Sinkler 10/17/18
Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name McKoy		First Name Beverly		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address) 3501 Hwy 242 South				Mailing Address (if different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> / / </u>			Voter Registration No.		Phone (optional) 910-879-6604	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X X - X X			SSN [REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor Name: Christopher McKoy <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address 3501 Hwy 242 South		Name of Corporation (if appointed) REC'D BY BLADEN CO. BD. OF ELECTIONS		
City Elizabethtown	State NC	Zip Code 28337	Requestor's Phone 910-879-6604	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable) X Christopher McKoy	Date 10/17/18
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State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name McKoy		First Name Christopher		Middle Name JAMES	Suffix [REDACTED]
Home Address (NC Residential Address) 3501 Hwy 242 South				Mailing Address (if different than home address.) [REDACTED]	
City Elizabethtown	State NC	Zip Code 28337	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1					
You must provide at least one identification number below. (Choose at least one.) NC License or ID Number: [REDACTED] SSN: [REDACTED]			Voter Registration No. [REDACTED]	Phone (optional) 910-879-6604	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 3501 Hwy 242 South		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> stepgrandparent <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian) OCT 18 2018		
City	State	Zip Code	Requestor's Phone	Requestor's Email BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable) [REDACTED]	Date 10/17/18
--	-------------------------



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MERRITT	First Name DIANE	Middle Name HAYES	Suffix [REDACTED]
Home Address (NC Residential Address.) 99 TRIPLE LANE DR		Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____		County of Residence BLADEN	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X [REDACTED]		Voter Registration No. 000000009003	Phone (optional) Email (optional)

RECEIVED

OCT 18 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date



North Carolina

Absentee Ballot Request Form

Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 2438 of 2469
Elizabethtown, NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name: <u>Humphrey</u>		First Name: <u>Edward</u>		Middle Name: <u>N</u>	Suffix:	Date of Birth:
Home Address (NC Residential Address): <u>11 Hwy 20</u>				Mailing Address (If different than home address):		
City: <u>Tarheel</u>	State: <u>NC</u>	Zip Code: <u>28392</u>	City:	State:	Zip Code:	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence: <u>Bladen</u>			
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable):			
You must provide at least one identification number below. (or see instructions). NC License or ID Number: <u>XX X - XX</u>			Voter Registration No.:		Phone (optional): <u>910-862-4029</u>	Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): <u>11 Hwy 20</u>		City: <u>Tarheel</u>	State: <u>NC</u>	Zip Code: <u>28392</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law		
City		State	Zip Code	Name of Corporation (If appointed legal guardian):
				RECEIVED OCT 18 2018
			Requestor's Phone	Requestor's Email
				TIME RECD BY: _____ BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter

Signature of Relative/Near Guardian (if applicable)

10-18-18 X

Date

Date



North Carolina

Request Form

Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
2439 of 2469PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Humphrey</u>		First Name <u>Minnie</u>		Middle Name <u>Gertrude</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>Tar Heel Hwy 20</u>				Mailing Address (If different than home address.)		
City <u>Tar Heel</u>		State <u>NC</u>	Zip Code <u>28392</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No.	Phone (optional) <u>910 862 4039</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>11 Hwy 20</u>		City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
				RECEIVED OCT 18 2018
			Requestor's Phone	Requestor's Email
				TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

10-18-18 X
Date

Date



North Carolina

Absentee Ballot Request Form

Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 2440 of 2469
Elizabethtown, NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018

Election Date

Voter Information

Last Name <u>Jacobs</u>		First Name <u>Felix</u>		Middle Name <u>Ray</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>50 Deerwood Drive</u>				Mailing Address (If different than home address.) <u>"Same"</u>		
City <u>Council</u>		State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>				Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>"Same"</u>		City	State	Zip Code																		
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan																						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No																						
If "Yes," what is the name and address of the hospital or facility:																						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: <table border="1"><tr><td>Requestor's Name <u>Christina Young Jacobs</u></td><td><input checked="" type="checkbox"/> spouse</td><td><input type="checkbox"/> brother/sister</td><td><input type="checkbox"/> parent</td><td><input type="checkbox"/> grandparent</td><td><input type="checkbox"/> stepparent</td></tr><tr><td></td><td><input type="checkbox"/> child</td><td><input type="checkbox"/> grandchild</td><td><input type="checkbox"/> stepchild</td><td><input type="checkbox"/> mother-in-law</td><td><input type="checkbox"/> father-in-law</td></tr><tr><td></td><td><input type="checkbox"/> son-in-law</td><td><input type="checkbox"/> daughter-in-law</td><td><input type="checkbox"/> legal guardian</td><td colspan="2"></td></tr></table>					Requestor's Name <u>Christina Young Jacobs</u>	<input checked="" type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Name <u>Christina Young Jacobs</u>	<input checked="" type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent																	
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law																	
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian																			
Requestor's Address <u>50 Deerwood Drive</u>		State <u>NC</u>	Zip Code <u>28434</u>	Requestor's Phone <u>910-872-1759</u>	Requestor's Email <u>christina.jacobs3@rayakoo.com</u>																	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

X

Signature of Relative/Near Guardian (if applicable)

X Christina Jacobs10/19/18

Date

Date



North Carolina

Absentee Request Form

Exhibit 4.2.3.1.2

Bladen County Board of Elections

P. O. BOX 512

2441 of 2469

Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

11-6-2018

Voter Information

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Last Name <u>Jacobs</u>		First Name <u>Christina</u>		Middle Name <u>Young</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>50 Deenwood Drive</u>				Mailing Address (If different than home address.) <u>"same"</u>		
City <u>Council</u>		State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX</u>				Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Christina Young Jacobs</u>		City <u>"same"</u>	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

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OCT 19 2018

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>Christina Young Jacobs</u>		Requestor's Address <u>50 Deenwood Drive</u>		Requestor's Phone <u>910-872-1759</u>		Requestor's Email <u>christina-jacobs30@yahoo.com</u>	
City <u>Council</u>		State <u>NC</u>	Zip Code <u>28434</u>	Name of Corporation (If appointed legal guardian)			
Requestor's Name		Requestor's Address		Relationship to the voter:			
				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
				<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable) <u>X</u>	Date <u>10/19/18</u>
---	-------------------------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina
BLADEN COUNTYTO: 2442 of 2469
BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name VARIS		First Name HELENE		Middle Name RAMELIA	Suffix	Date of Birth
Home Address (NC Residential Address.) 17145 NC 131 HWY				Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence BLADEN	Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]			Voter Registration No. 000000052409	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Jens L. Lutz		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 17145 NC 131 Hwy		Name of Corporation (if appointed legal guardian)		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone 910 7360600	Requestor's Email Firejockey62@yahoo.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



North Carolina

Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337 of 2469PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Johnson</u>		First Name <u>Thomas</u>		Middle Name <u>Morgan</u>		Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>406 Hall St</u>				Mailing Address (If different than home address.) <u>106 Easy St</u>		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>		State <u>NC</u> Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions.) NC License or ID Number <u>X X X - X X - [REDACTED]</u>				Voter Registration No.		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>106 Easy St</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>Thomas M. Johnson II</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>106 Easy St</u>		Name of Corporation (If appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>874-4560</u>	Requestor's Email <u>mjohnson605@yahoo.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address. <u>OCT 18 2018</u>	

Signature of Voter (voter only)

X

Signature of Relative/Near Guardian (if applicable)

X Thomas M. Johnson II 10/18/18

Scanned Batch Cover Sheet

Exhibit 4.2.3.1.2

2018-10-19 8:33AM 2445 of 2469

Scan Date	Batch Number	Source Code	Batch ID
2018-10-19 8:33AM	2	17	9810

Scan Date/Time: 2018-10-19 8:33AM

Batch Number: 2

Batch Size: 18

Source Code: 17

Batch ID: 9810

Operator: gward

Abs. Request-brought in
by Lola Wooten - 10/17/18
GLW



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address:

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Young</u>	First Name <u>Angeline</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>148 Lewis DR</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Shipman</u>	First Name <u>Ester</u>	Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>716 Dewitt Good Rd</u>		Mailing Address (if different than home address.) [REDACTED]		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX</u> [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 17 2018

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address:

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

10/17/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>	First Name <u>Daisy</u>	Middle Name <u>S</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>76 Dewitt Gordon Rd</u>		Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XX X - XX</u> SSN: <u>[REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

10/17/18
Date

Date



State Absentee Ballot Request Form

Exhibit 42312
North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sackson</u>		First Name <u>Carol</u>		Middle Name <u>J</u>	Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>153 Mt Olive Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>[REDACTED]</u>
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X [REDACTED]</u>				Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>			
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

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BLADEN CO. BO. OF ELECTIONS

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

[REDACTED]
Date 10/17/18

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>White</u>	First Name <u>Alberta</u>	Middle Name <u>I</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>700 Mercer Mill Rd</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) <small>NC License or ID Number</small> <u>XXXX-XX-</u> [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 17 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

10-17-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.bog@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 5, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Willie</u>	First Name <u>McKoy</u>	Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>680 Smith Circle Apt 19B</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Mattie</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>497 Mt. Olive Rd</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC license or ID Number			Voter Registration No. Optional		Phone (optional)	Email (optional)
SSN <u>X X X - X X</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative or guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Si

Signature of Near Relative/Legal Guardian (if applicable)

10/12/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address:

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Doe</u>	First Name <u>COMIENNE</u>	Middle Name	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>265 GENE'S DR</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXXXXXXX - XX</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

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BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
 Date 10/17/18 X



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Sanice</u>		Middle Name <u>M</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>491 Mt Olive Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable) <u>[REDACTED]</u>	Date <u>10/17/18</u>
--	-------------------------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Currie</u>		First Name <u>Gilbert</u>		Middle Name <u>A</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>498 Mt Olive Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX - [REDACTED]</u>			Voter Registration No.		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
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For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable) <u>[Signature]</u>	
Date <u>[REDACTED]</u>	Date <u>[REDACTED]</u>



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Sohnnie</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>497 Mt Olive Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature X 10/17/18 Date 10/17/18 Signature of Near Relative/Legal Guardian (if applicable) X Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name: <u>Purdie</u>		First Name: <u>James</u>		Middle Name:	Suffix: <u>[REDACTED]</u>
Home Address (NC Residential Address): <u>220 Mt Olive Rd</u>				Mailing Address (if different than home address): <u>[REDACTED]</u>	
City: <u>Elizabethtown</u>	State: <u>NC</u>	Zip Code: <u>28337</u>	City:	State:	Zip Code:
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence: <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable):		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <u>XXX - XX</u> SSN: <u>[REDACTED]</u>			Voter Registration No. Optional: <u>[REDACTED]</u>		
			Phone (optional):		
			Email (optional):		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):		City:	State:	Zip Code:
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name:		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address:		Name of Corporation (if appointed legal guardian):		
City:	State:	Zip Code:	Requestor's Phone:	Requestor's Email:

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.):		Fax Number or Email Address:	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED] 10/17/18 X [Signature] [Signature]
Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Purdie</u>		First Name <u>Arletha</u>		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>270 Mt. Olive Rd</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX X - XX</u>			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 17 2018

TIME REC'D BY

BLADEN CO. BOE OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

6/17/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wright</u>	First Name <u>Annetta</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>113 Mt. Olive Rd</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input checked="" type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian) BLADEN CO. BD. OF ELECTIONS			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

11/15/18
 Date

 X Annetta Wright
 Date

11/15/18
 Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 5, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wright</u>		First Name <u>Artis</u>		Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>113 M L Olive Rd</u>				Mailing Address (if different than home address.) /		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. Optional		Phone (optional)	
SSN <u>XXX - XX</u>			[REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	Requestor's Phone
				Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

10/26/18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tatum</u>		First Name <u>Tommy</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>2075 Tar Heel fairy Rd</u>				Mailing Address (If different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) <small>NC Driving or ID Number SSN</small> <u>XXX - XX</u>			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> grandchild-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	TIME REC'D BY Bladen Co. Bd. of Elections

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
(Overseas) <u>7</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/1/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address -

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Robison</u>	First Name <u>Marilyn</u>	Middle Name <u>C</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2098 Tar Heel Hwy / Ferry Rd</u>		Mailing Address (If different than home address.) <u>PO BOX 14</u>		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)	Email (optional)
NC License or ID Number	SSN <u>X X X - X X - [REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

10/12/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 5, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Colby</u>		Middle Name <u>I</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>631 Gouverneur Estate DR</u>				Mailing Address (If different than home address.) <u></u>	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u> Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX -</u>				Voter Registration No. <u>Optional</u>	Phone (optional) <u>910 748 7843</u>
				Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u></u>				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u></u>		Name of Corporation (If applicable) <u>BLADEN COUNTY BOARD OF ELECTIONS</u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature X Signature of Near Relative/Legal Guardian (if applicable) X
 Date 10/15/18 Date

Scan Date	Batch Number	Source Code	Batch ID
2018-10-18 10:38AM	10	06	9802

Scan Date/Time: 2018-10-18 10:38AM


Batch Number: 10

Batch Size: 1

Source Code: 06

Batch ID: 9802

Operator: vpmckoy

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide Primary Election on 6 November 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name Ruffin	First Name David	Middle Name Deyone	Suffix	Date of Birth	
Home Address (NC Residential Address.) 982 Airport Road			Mailing Address (If different than home address.) P.O. Box 732		
City Bladenboro	State NC	Zip Code 28320	City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No.	Phone (optional)	Email (optional)
<div style="border: 1px solid black; padding: 2px;"> XXX - XX - <div style="background-color: black; width: 50px; height: 15px; display: inline-block;"></div> </div>			Optional		druuffin87@hotmail.com

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 5004 Patuxent Riding Lane		City Bowie	State MD
		Zip Code 20715	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <div style="background-color: black; width: 250px; height: 40px; margin-top: 10px;"></div>	Signature of Near Relative/Guardian (if applicable) <div style="text-align: center; margin-top: 10px;"> <div style="background-color: black; width: 50px; height: 40px; display: inline-block;"></div> </div>
15 Oct 2018 Date	X Date

Batch 9808



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on NOV 6 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BRISSON</u>		First Name <u>Dean</u>		Middle Name <u>Coie</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>61 BRISSON RD</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX-XX</u>			Voter Registration No. <u>00000030656</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>61 BRISSON RD</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed for election)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address:

Signature of Voter (voter only)

X [REDACTED]

Date

Signature of Near Relative/Guardian (if applicable)

X [REDACTED]

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

THIS APPLICATION TO VOTE-BY-MAIL

169-072489

Batch
9807



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name MCALLISTER		First Name VICKIE		Middle Name GAIL	Date of Birth
Home Address (NC Residential Address.) 2535 NC HIGHWAY 242 N.			Mailing Address (if different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No.	Phone (optional)	Email (optional)
SSN X X X - X X - [] [] []			County		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
		Zip Code	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 17 2018 </div>			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) <div style="text-align: center; font-size: 2em;">X</div>	
Date	Date

SEE REVERSE FOR ADDITIONAL INFORMATION